5799

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH					. USUAL RESIDENCE (W	here deceas			ce before o	dmission)
Montgomery			AND	o. STATE Maryland b. COUNTY Montgomery						
b. CITY OR TOWN RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)			N 16	c. CITY OR TOWN (IF		orate limits, write R	RURAL ond g	ive neares!	town)
	ney		15 Days		Olne	Y				
OR INSTITUTION			Hospital		d. STREET ADDRESS				1	S RESIDENCE ON A FARM? ES NO S
3. NAME OF		eral	Middle		4 4	4. DATE				
DECEASED (Type or print)			llen Aber		Last	OF DEATH	Mor 5	nm.	20	19 6 I
S. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	8:	DATE OF BIRTH		9. AGE (In years		-	UNDER 24 HR
Female	White	WIDOW	DIVORCED		3/3/83		fost birthdoy) R8 yrs.	Months	Days H	aurs Min.
during most of wo	ION (Give kind of work orking life, even if retired to the control of the control	done 10b.	KIND OF BUSINESS OF		Tndian		_	12. CIT!	USA	HAT COUNTR'
13. FATHER'S NAME			110		14. MOTHER'S MAIDEN	-				
	Milton O	uYle					Susan	Chowr	ning	
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17, INFC	RMANT		Add			
(Yas, no, or unknown)	(If yes, give war or dates of	tervice)	no	Ho	spital Re	cords				
-	ATH [Enter only one co	ouse per li							INTERV	AL BETWEEN
	ATH WAS CAUSED BY:	CO		ters	occlusio	m			ONSET_	AND DEATH
1120	IMMEDIATE CAUSE (d	1	rondry ar	cex y	OCCIUBIO	7.7			-2 4	TOULB
7.40	Arteriosclerosis									
Conditions, if	immediate 1	0)(0								
cause (o), stating	the under- DUE TO)								
lying couse lost		c)	CALIFORNIA IN THE BEA	TIL OUT AL						MAR HATON
PART II. O					or related to the term		SE CONDITION GIV	VEN IN PARI		ERFORMED?
□ OR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Pa	ert II of item 18.)			
	IRY Month, Day, Ye	rer 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, far	m, 20f. (Cit	ly or town)	(C	(ounity)	(Stot
20c. TIME OF INJU	19	White of war	Not while	facto	y, street, affice bldg., et	c.)			, , , ,	,
				- F	/5/61	i	5/20/61			
	at (1) (this haspital ased alive an 54) affend (61		rum	oth accurred at	4	the causes ar	, 19		(I) (we) la ated abave
220. SIGNATURE	meada	2 , L	C	M.I	ATTENDING N	AED.	STAFF 5	/20/6	1	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	G.F. Mea	dors	, M.D.		22d. ADDRESS		et, Dam	ascus	, Ma	rylan
23a. BURIAL, CREMATI REMOVAL (Specific	ON, 23b. DATE THEREC	QF .	23c, NAME OF CEME	TERY OR C	CREMATORY	23d. LOCA	ATION (City, town,	or county)		(Stote)
Burial	May 22	196	Caden 7	1477		Wash	ington,	D. C.		
24. BUNERAL DIRECTO	R'S SIGNATURE	1 176	ADDRESS I			D SY REGIS	TRAR 25b. REGI	STRAR'S SIG	NATURE	
Francia &	Barber	Lay	tonsville,	Md.	DATE	AY 25'	61 a	thus &.	thous	

TO HO VR A1S (4) 1SM 9/59

11.35 2.3 2 0 . 10 in aga as 132 C C . 32 M 2800 510. 1 1 1 1 1 5 5 5 2 3 0 5 a estadi estada 5.7 (56.5±06) Izalfic a Is II. 11: Los 11 . 4 1.000 1521.000 riori arteni occident nimonalphotimate . clistically shirts ; and and , she come ind to , it is e de la companya de l distributed by the street state. the call that the control of the call t

FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06870

0 \$ 40	0000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
Montgomery Maryland	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring seven years	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
192 Fleetwood Terrace	192 Fleetwood Terrace
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
(Type or print Charles Edward Ackerman	DEATH May 31, 19 61
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
To anyone To The Control of the Cont	uly 8, 1889 fest birthdey Months Deys Hours Min.
mare witte	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	The state of the s
Budget & Fiscal officer HG. U.S.A.F.	PeeksKill New York U.S.A.
IS. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Edward Ackerman, Sr. New York	Catherine Braceling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yas, no, or unknown) (lifyesgivowarordetasofservica)	
Yes WW2 215-26-3654 Mr.	Charles E. Ackerman, 1913 Eries St. W. Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one cause pag line for (a), (b), and (c).]	Hyattsville, Md.
PART I. DEATH WAS CAUSED BY:	O ONSET AND DEATH
IMMEDIATE CAUSE (0) Welling	Turnfferry Toud deal
754.4 DUETO P	our heal
Conditions, if any, which \ (b) wellmany	Emphyslence Mans
geve rise to immediate causa (a), stating the undarlying DUE TO	1 1
couse last.	- 10.
- Objective -	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
0	PERFORMED?
5	YES Y NO
20e. EXTERNAL CAUSE WAS PRIMARY 0r CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (En CAUSE OF DEATH)	nier natura of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Homa, ferm, 20f, (City or town) (County) (State)
	ory, street, office bldg., etc.]
	d as Autonov M. Installer M. Installer M. Installer M.
21. I certify that I took charge of the remains described above, hel	
death resulted from: Natural causes (C). Accident (_). Suicident	de Homicide Undetermined manner
1	CHIEF MEDICAL EXAMINER
SIGNATURE THURS 4. DISER HOUT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER () ()
NAME (Type) FLANK J. Rhoschalt	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR	
REMOVAL (Specify)	
	onal Cemetery Arlington County, Virginia
Warner F. Pumphrey, Inc. 8434 Georgia Aver	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Colmon a 2/360. Silver Spring Mary	Tand DATHIN 7 '61

-0. * · , ... HITZHIRD BURTLE THE CONTRACTOR AND ASSAULT ^3 Line of Boots and Hole wearted family 15 th principal beautiful militari lo 111 . S - March and the control of th SCOLUMN LISHARDS antilement althought Cran work and cartain in Camping and Camping ATE - SEE THE EAST AND ADDRESS OF THE SEE SEE SEE 111-THE PROPERTY OF THE PARTY OF TH Ministry of the first part of the second of the first that the second of British winder to be all the first that the british th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEA	RCH AND RECORDS,		4 SIKEEL, BALLIMO	KE I, MAKILAND
5724 _T	CERTIFICATE	OF DEATH		05712
1. PLACE OF DEATH				nstitution: Rasidence before admission)
a. COUNTY	MARYLAND	a. STATE	DIL I AND B. COUNT	Montgomery
b. CITY OR TOWN (if outs/of corporate limits.)	c. LENGTH OF STAY IN 16	CITY OR TOWN III	outside corporate limits, write	RURAL end give geerest town)
write KORAL and hive rearry town	3//	0.1	10	1
Dethesan	Il hes	0111	CL OPRING	
d. NAME OF HOSPITAL OR INSTITUTION (il pol in hos	pital, give street eddress)	d. STREET ADDRESS	, _0 1	IS RESIDENCE ON A FARM?
I duburbAN HOST	ital	1 R	T # I	YES NO
3. NAME OF _ First	Middle	Last	4. DATE Month	Dey Yaer
(Type or print) Pogo 4.	1/	idams	OF DEATH	17 1961
5. SEX _ OF COLOR RACE 7 MADEIR	D NEVER MARRIED 8.	DATE OF BIRTH.	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
7 0 "		5-110/711	1922 29 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. Ki	D DIVORCED	ALL BIDTHOLAGE ICANI	ty & Stete, or foreign country)	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	IND OF BOSINESS OK INDOSTRI	II. BIKINFEACE (COUNT	y & Siere, or toreign country)	MCB
House wixe.				11317
13. FATHER'S NAME	. 1.1.	14. MOTHER'S MAIDEN	NAME	1
1 nomAS Ham	ITION	Dertha	mosie	1.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 11	NFORMANT	Address	1 2 1
(Yas, no, or unkown) (If yes give war or dates of service)	7	Keroy U	Lones	1-1-1-1
18. CAUSE OF DEATH [Enter only one ceuse per I	ine lor (a). (b), and (c).	1 1.	Hus	DQ MOL)
PART I. DEATH WAS CAUSED BY	10010011	11340	,	ONSET AND DEATH
IMMEDIATE CAUSE (a)	- DA 1190	mound	5	
15/X DUE TO D	/)		1 . 1	11 - 2 -
Conditions, if eny, which (b)	shforett	G 6 13	STYIL L	ICER LINE
gava rise to immediate cause			1	
(a), stating the underlying	ADCINO	ma. 5	tourne 1	1 9mo
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	M IN PART 1(0) 19. WAS AUTOPSY
Q TAKE BE OFFICE STORY	0.0000000000000000000000000000000000000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORMED?
<u></u>				YES NO 1
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in I	Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
3 20c. TIME OF INJURY Month, Day, Yeer 20d.		CE OF INJURY (Home, farm		(County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. While Hour a.m. While st wor		ory, street, office bldg., etc.	1	
		5-16	10/-/ . 5-1"	2 10/0/11-10 (00)
21. I certify that (I) (this hospital) atten-	, , ,		n'	, 19(A./, that (I) (we) las
saw the deceased alive on	19 and that	death occured allege	M, from the causes	and on the date stated above
228. SIGNATURE	neer Mid	ATTENDING	NED STAFF	22b. DATE SIGNE
ger no acoc ()/ccc n. n.	DUME THE C	DIRECTOR PHYS.	
22c. PHYSICIAN'S ROSIOR	THOOM	22d. ADDRESS	1. h. n. 1	March 1 Da
NAME (1990) , 1103 COE (11661	1800 Cy.	6 x4.11.11.11.11	mag. 6 N.C.
236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, toy	vn or county) (Stata)
SHIPPED 5/22/61	THOMPSON & CAL	RPENTER FUN.	HOME, SPARTAN	SBURG, S. C.
24 EMPERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REG	GISTRAR'S SIGNATURE
Part of the state	ROCKVILL	E. MD.	V a 4 104	Thur & Kraus
	A TIMENT LAIR	ELA DATE		THE PERSON AS A PE

TO TAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be equipment of the hospital or attending physician.

Solve the set of the hospital or attending physician.

Solve the set of the hospital or attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove any event, within 72 hours after death.

Expand and then Perforthed Costnic Olege 2000 CHREINGING, Stemper 9000 TROUBERS & CASTERITOR FOR MARK SPECIALIST C. C. 10\28\2 079\11\0 West of the service o

STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY e. STATE b. COUNTY by the and 2 death, MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OBJIOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give hearest town) .57 d. NAME OF HOSPITALIOR INSTITUTION (if not . IS RESIDENCE ON A FARM YES NO papers. NAME OF DATE DECLASED OF DEATH (Type or print) S. SEX UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Munths Days Hours WIDOWED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Paper Produc please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not ir yakown) | (Ifyesgive war or dates of service) evo None the 1B. CAUSE OF DEATH [Enter only one cause pergline for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mo IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY certificate PERFORMED? NO 050 2Db. DESCRIBE HOW INJURY OCCURED, (Enter name of injury in Part I or Part II of item as 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20e. TIME OF INJURY 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (State) Month, Day, Year (County) factory, street, office bldg., etc.) Not While While at work at work DIRECTOR: / to Man 19.6.1, that (1) (we) last saw the deceased alive on..... 23b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR orm M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FOR THE PROPERTY PARTY PART NAME OF CEMETERY OR CREMATORY 23d. 230. BURIAL, CREMATION, REMOVAL (Specify) Rabbilsaac Elchonan Cem. Everett, Mass. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 9/60 arthur & Kraus

8 F.Z.Z.13 The state of the s The results are a second and a second with the second . 30 - 2 LINE T tribet will to . Forte Dune of East 19 11 - W Salis 12 4 4413 1 5 /13/21 Was A Nation NORMAH KELEVITEN EVER M. M. Aven Taken Dark, Ald. Surged Mry 19, 1941 Relationer Tickers Che. Brotest, Man when the second with the second secon

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY 179 MARYLAND gomery c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporata limits, 0 c. LENGTH OF STAY IN 16 A He write RURAL and give neerest town) 2Kom3 5-Pages Illed I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Washing papers. 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH er 50 % carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR and lest birthdey) Months WIDOWED cmale physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) eacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding rant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyesgive wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate 100 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from the standard of the standard saw the decessed alive on 1965, 1965, and that death occurred at M., from the causes and on the date stated above. ATTENDING 22a. SIGNATURE MED. STAFF DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) る一番名 250, REC'D BY REGISTRAS FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cirthur S. Thouse 15M 9/60 DATEMAY

. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

. (Stata)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Devs

(County)

IF UNDER 24 HRS.

62560 STREET OF SOLL Vito prive to the to languard some THE PROPERTY OF THE PARTY OF TH The state of the s - b- 1.1- 11 THE STREET of the state of th STATE OF THE PARTY the state of the s THE REAL PROPERTY AND THE PARTY OF THE PARTY

STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) SB. COUNTY 4 Health, MARYLAND CITY OR TOWN (if outside corporate lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wreakURAL and give wearest town) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE ILT YEAR IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Deys Hours DIVORCED WIDOWED 106, KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (Stele or fore an country) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME 0.3 DECEASED EVER INIJ ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) [[fyesgle varordatasofservica] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave riss to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 +), 19. WAS AUTOPSY PERFORMED? NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of invery in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING Clief 20 E INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, | 20%. (City or town) Month, Day, Year (County) (State) While Not While fectory, affect, office bldg., etc.) at work | et work Dawsmot ρij 21. I certify that I took charge of the remains described above, held an Autopsy | Ö Inspection 1 and in my opinion Inquiry forwarded i death resulted from: Suicide 🔀 Natural causes Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER its designated ACTUAL ASSISTANT MEDICAL EXAMINER [should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city lown, or county) 228. BURIAL, CREMATION. 22 LOCATION (City, Jown, or country) (State) REMOVAL (Specify) <u>5</u>40 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAY 3 1 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutional Repitience buttors, a. COUNTY b. COUNTY / MARYLAND c. CITY OR TOWN (if coside corporate limits, write RURAL and give neerest town b. CITY OR TOWN (if openide con c. LENGTH OF STAY IN 16 . IS RESIDENCE ON A FARM? YES NO DECEASED OF (Type or print) DEATH AGE (In years HE JNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lest birthdey | Months | Deys attendin≣ ∎hysician ihen please remove 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTYP. ACE , County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during mast of workista life 13. FATHER'S NAME plea 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown), (If yes give wer ordates of service) IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETY/EEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY, 2-160 MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geva rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART Hely 19. WAS AUTOPSY PERFORMED? NO F 2De. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2Ds. PLACE OF INJURY (Home, ferm, 2DI. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, straet, office bldg., etc.) Not While While Hour a.m. et work al work 21. I certify that (i) (this hospital) attended the deceased from..... and that death occured at 7.6.M, from the causes and on the date stated above. saw the deceased alive of ATTENDING X 22b. DATE 228. SIGNATURE SIGNED STAFF DIRECTOR PHY5. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, | 23b. | 23c. 0 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



POOR A MEDICAL EXAMINER: This certificate should be executed within 2 hours after dea hay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit, file pages 1 and 2 with the State Board of Nealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours—tign death.

VS. A15ME 5M 7/59

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

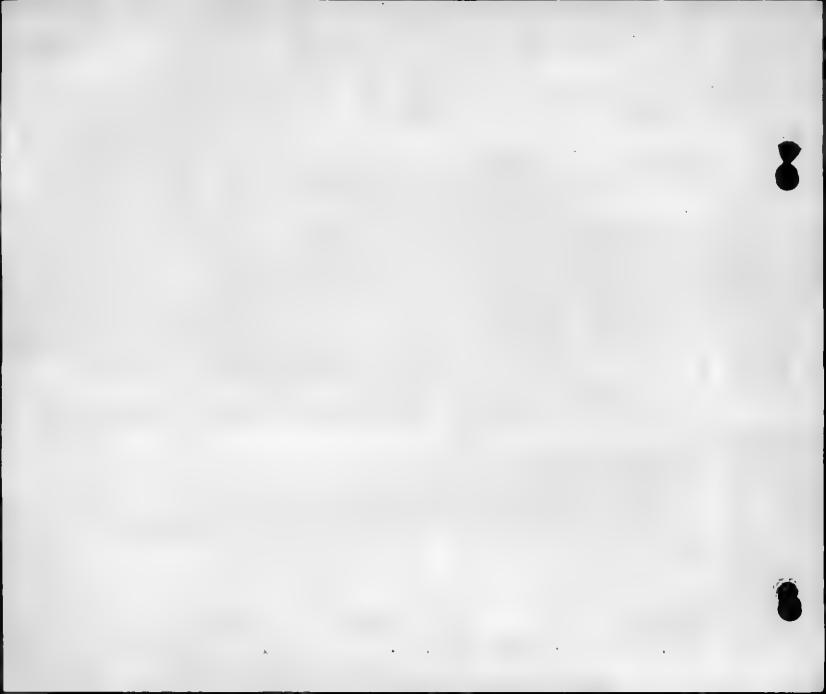
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	T. PLACE OF BEATH COUNTY HONTZOMERY	2. USUAL RESIDENCE (Where decesed lived, if institution: Residence before admission e. STATE Lary and b. COUNTY long.
)	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN Ib write RURAL end give nearest lown) Takoma Fark	c CITY OR TOWN (If outside corporate Limits, white RURAL and give nearest town; Takoma Park
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Viashington San & Hospital	d. STREET ADDRESS 7335 Carroll Ave
,	3 NAME OF DECEASED (Type or pr n) Robin Louise Atchley	Lest 4. DATE Month Day Year OF DEATH May 1 1961 19
	female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BRTH 9. AGE (in years, IF UNDER 1 YEAR IF UNDER 24 HRS 2/14/60 9. AGE (in years, IF UNDER 1 YEAR IF UNDER 24 HRS yrs Months, Days Hours Min.
	done during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CIT ZEN OF WHAT COUNTRY USA USA
١	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	Eucl Atchey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 1	Esther Nixon
	(Yes, no, or unknown) ((Yesgive-werordatesofservice)	Euel Atchey Item 2
1	18. CAUSE OF DEATH [Enter only one cause per line for and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY Miltown poisoni	
	871.0 DUE TO	1
	Conditions, il any, which) (b) Blood contained	1 20 mg. n Merrotamate
	gave rise to immediate cause (e), stating the underlying DUFTO Liver contain ad cause last, (c)	15mg. % Meprobamate.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH TOOK MILE TOWN TO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118, 19. WAS AUTOPSY PERFORMED? YES NO [
	TOOK LITT COMM CO	Enter nature of injury in Part I or Part II of item 18.) ibs. at home.
	20c. TIME OF INLURY Month, Day, Your 2Dd. INJURY OCCURRED 2De PLA	CC OF INJURY (Home, ferm, 20f. (City or town) (County) (Siele) lory, street, office bidg., etc.)
~		Home Talloma Park, Montg. ery, Mo
	21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspect on , Inquiry , and in my opinion
	death resulted from: Natural causes . Accident X. Suic	ide . Homicide . Undetermined manner .
	2 100	CHIEF MEDICAL EXAMINER
7	SIGNATURE Saud J. Browhart	
74	NAME (1/20) Frank J. Broschart	DEPUTY MEDICAL EXAMINER \(\square\) 5/2/61
	220. BURIAL, CREMATION, 226 DATE THEREOF 221, NAME OF CEMETERY OF	
	23. FUNERAL DIRECTOR TO ADDRESS ADDRESS	atos Cenelley (Silver Glorge Courty Mil.
	De circle Traction, 254 Carrall Il No A	DATE MAY 3 '61 Outling S. Huma



BALTIMORE 1. MARYLAND USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hacrest town) write RURAL and give medicast town) your a. IS RESIDENCE MISTITUTION (if not = hospital, g ve sizet ellaress) ON A FARM? YES NO NAME OF DECEASED DEATH (Type or print) 9. AGE (In years VIF UNDER 1 YEAR) 6. COLOR OR RACE 8 DATE OF BRTH IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED lest birthday) may 12 y Months WIDOWED [DIVORCED IDb. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, Z, ve Pages 1, Z, PM3. Page done during most of working life, even if retired) 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Dilger File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ((Ifyas give wer or dates of service) permi 18. CAUSE OF DEATH [finier only one cause per line for jet, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial Conditions, if eny, which gave risa to immadiate causa DUE TO (e), stating the underlying 35 should be used a cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury In Part I or Part II of Itam 18) PRIMARY TO OF CONTRIBUTING TO writing to Page 3 s 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (Stete) fectory, street, offica bldg., atc.) While Not While at work et work 21 I certify that I took charge of the remains described above, held an Autopsy ... and in my opinion Ē Inspection Inquiry $\overline{\circ}$ forwarded to DIRECTC ated agent, p Undetermined manner death resulted from. Natural causes V Accident Su cide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 220. BUR AL, CREMATION, (State) REMOVAL (Specify) Alexandria Virginia £40 p Bethel Cemetery S. Burial 24b. REGISTRAR'S S GNATURE 23. FUNERAL DIRECTOR 24e. REC'D BY REG STRAR . Gasch's Sons Hyattsville, Md. Colhur S. Kraus VS A1SME SM 9/60

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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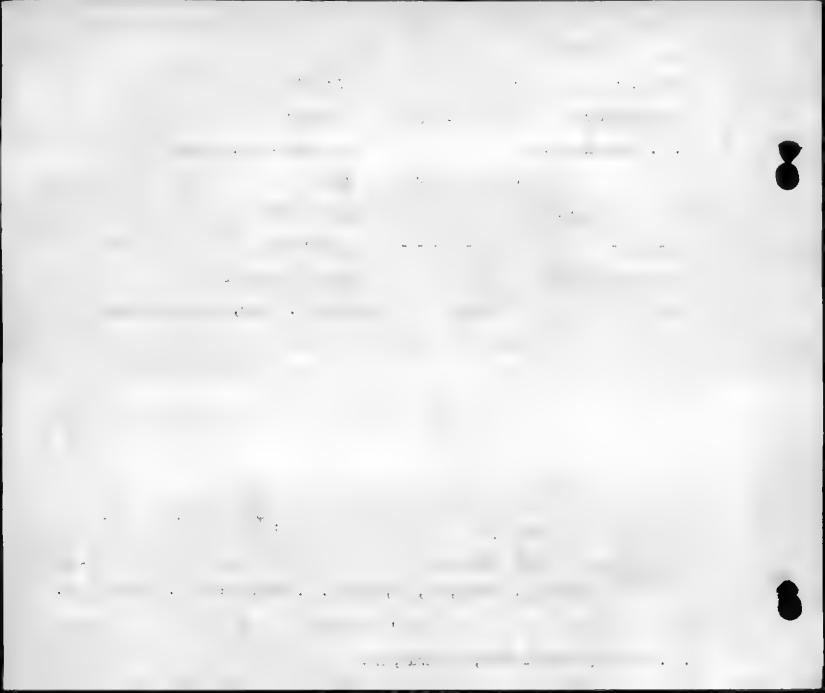
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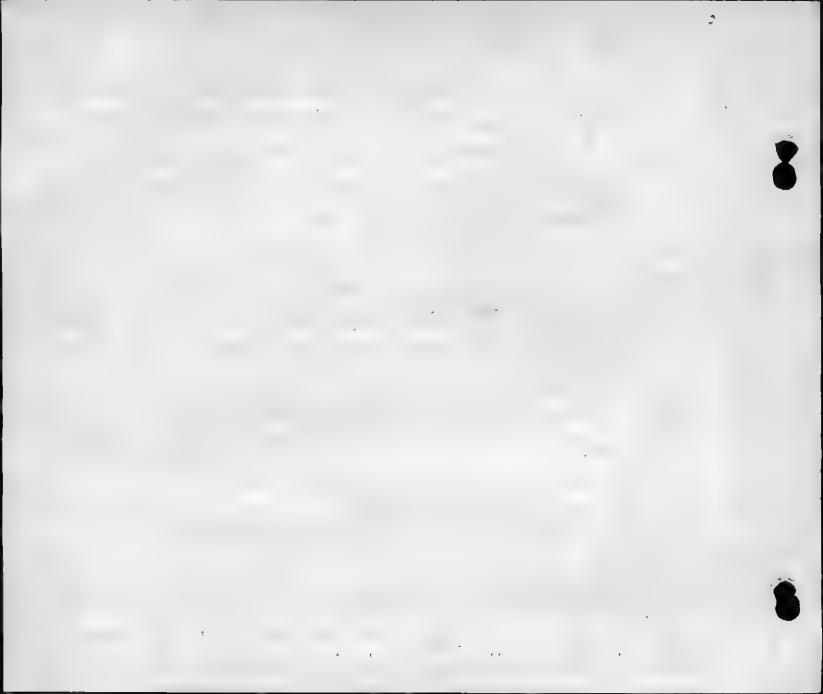
FUNERAL

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) a. COUNTY a. STATE **b.** COUNTY MERVIAND. XXX Maryland Montgomery b. CITY OR TOWN (if outside corporate tim to wate RURAL and give searest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Chevy Chase d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? E, W. Hyw. + Frut Rd 2620 Calston Nr. YES NO Z Middle DECEASED (Type or print) DEATH may 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED B. DATE OF BIRTH 9. AGE (In years I UNDER I YEAR, IF UNDER 24 HRS. 2 will lest birthdey) Months Deys VIDOWED DIVORCED 1 1-11-1907 54 VIS. WIDOWED | 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Minister.
13. FATHER'S NAME Give Pages rm PM3. Pa File pages 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (lifyesgivewerordetesofservice) 220-34-2722 6 Not located 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ornan IMMEDIATE CAUSE (e) sulden DUF TO Office burial novel s Offi Conditions, if env. which? gave rise to immediate cause , writing the word "pending to Chief Medical Examiner's Page 3 should be used as a to burial, cremation, or re DUE TO (a), stelling the underlying cause last. PERFORMED? Apple DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) Cormany 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20c. TiME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stelle) fectory, street, office bldg., etc.) While ___Not While et work et work 202 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . a execute the cerminal be forwarded to GNERAL DIRECTO death resulted from: Natural causes . Accident ... Suicide Undetermined manner Homicide [CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) NUSCAZHY Address (Street, city town or county) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL CREMATION 226. DATE THEREOF REMOVAL (Specify) 0 40 9 Burial May 29, 1961 Prospect Hill Park Cemetery Towson, Maryland 23. FUNERAL DIRECTOR ADDRESS. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Worner E. Pumphrey, Inc., Silver Spring, Md. anthun & Hours

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF BEATU

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275. DATE SIGNED 5/15/61 Institutes ryland----(State) Spener

5 \$	33		CEKIIF	ICAIL	Or DE	AIN				0	066	16.
PLACE OF DEATH a. COUNTY Montgome			MATE .		USUAL RESIDI a. STATE Nevi J	ersey	7	ь сс	YTAU			
b CITY OR TOWN	(If autside carporate limit negrest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If a	utside carpo	rate limits, 1	write RU	RAL and gi	ve nearest	tawn) 🗠
Bethesda	3		3 days		Fanwo					E/ SI	1	
OR INSTITUTION				Md	167 B		lere A	WY 20 00 1 2 40			_ C	RESIDENCE ON A FARM? S NO KI
NAME OF	nical Center		Middle	PRIA II	Last	ELLV-LL	4. DATE	verme	Mont		Dov	Yeor
(Type or print)				÷			OF DEATH				7.1	
SEX		erine	Beatr D XI NEVER MARRIE		<u>Batem</u>	210		9. AGE (In	Veors		YEAR IF L	1961 JNDER 24 HRS
		WIDOWED				3.03.5	,	lost birth	yrs	Manths	Days Ho	ours Men
Female	IION (Give kind of work of				une 2,	CE (State	or foreign co	<u>112</u>	712	12 CITIZ	EN OF WH	IAT COUNTRY
during most of w	orking life, even if retired)	, , , , , , , , , , , , , , , , , , ,		n mayound		-	_	,		1		
HOUSEWIT	<u>'e</u>		None	11/	I. MOTHER'S /	Canac					U.S.	.A
	I. Ireland					B. F	lamble	У				
5. WAS DECEASED E' Yes, no. or unknown)	VER IN U. S. ARMED FORG (If yes, give wer or dates of se	CES? 16. SI	OCIAL SECURITY NO.	. 17 INFOR	MANI The	Medi	ical R	ecord	Addre	855		
No		ן ר	16-32-2351	The	Clinic	al Co	milan	Both	ands	71.	Marro	land
18. CAUSE OF D	EATH [Enter anly one co-	use per line	for (o), (b), and (c).				an area.g.				HNTERVA	L BETWEEN
PART I D	EATH WAS CAUSED BY:	Intr	acerebral	hemor	rhage						ONSEL	hours
1 11	DUE TO	_										
Condition is			rtensive (Carrotto	vasculs	r Di	60208				8	years
Conditions, if	immediate (7 00107.40	47470	TEDOUL		D 4004					16010
cause (a), statin												
lying cause las	_ (c)	}										
PART I C	THER SIGNIFICANT CON	ditions <u>cc</u>	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO	THE TERMI	NAL DISEASI	E CONDIT C	ON G VI	N IN PART	1(o) 19. V	VAS AUTOPSY ERFORMED?
5											YE:	S 📆 NO 🗌
200. ACCIDENT NO CONTRIBUTION (IF EITHER, NOTICE	WAS UNDERLYING A G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b DESCI	RIBE HOW INJURY OF	CCURRED. (E	nter nature of	injury in f	Part I ar Pari	t II af item	1B.)			
20c TIME OF INJ	3.0	While	Not while		OF INJURY (H , street, affice			ar lawn)		{Ce	ounty)	(State
21. I certify t	not (I) (this hospital) attende	d the deceosed	from May	7 11.	190	6110_	May 1	1.	1967	L, that	(I) (we) los
	ased alive on May	- 1	19.61 . ond		-			_				
220 SUSNATURE	0 1 01						4-1			2 011 111		22b, DATE
Vacan) Tell	~	h	M.D.	ATTENDING		ED RECTOR	STAFF Y	X		er.	/15/67
22c PHYS CIAN'S) C - 7 0 1 / -	/		141-101						1 0		
NAME (Type	THOMAS E.	CAFFN	EY, M.D.		ine	CLIN	rear o	enter	Na INa	itiona	il ins	stitute
		4			L-01-H	ealth	1,-Bet	hesda		Marry	dand	
3a. BURIAL, CREMAT REMOVAL (Speci-												
STUPPING.	ION, 23b. DATE THEREO	61	23c. NAME OF CEME	TERY OR CR			23d. LOCA	TION (City,		r caunty)		(State)
FUNERAL DIRECTO	7 5/16/	61	ADDRESS	TERY OR CR	EMATORY			TION (City,	o N	r caunty)	Dan	. (

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DATE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with and in any event, within 72 hours after please remove carban papers TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached far use as the burial-transit permit. Then removal, page 3 shauld be detached far use as the burial-transit the State Board of Health priar ta burial, crematian, ar TOH

ofter death. Page 4

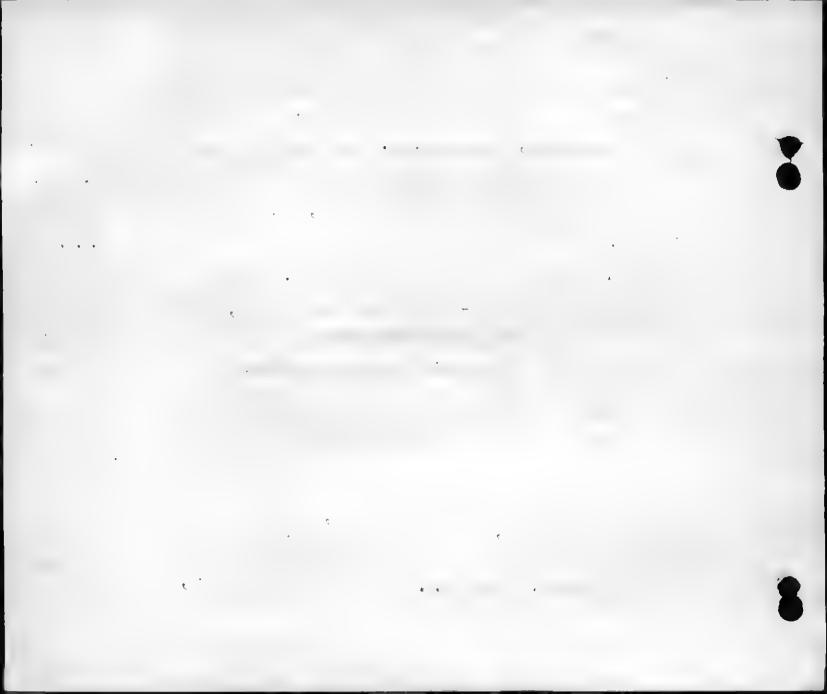
filled in by the funeral director, ges I and 2 should be filed with

Pages 1 death.

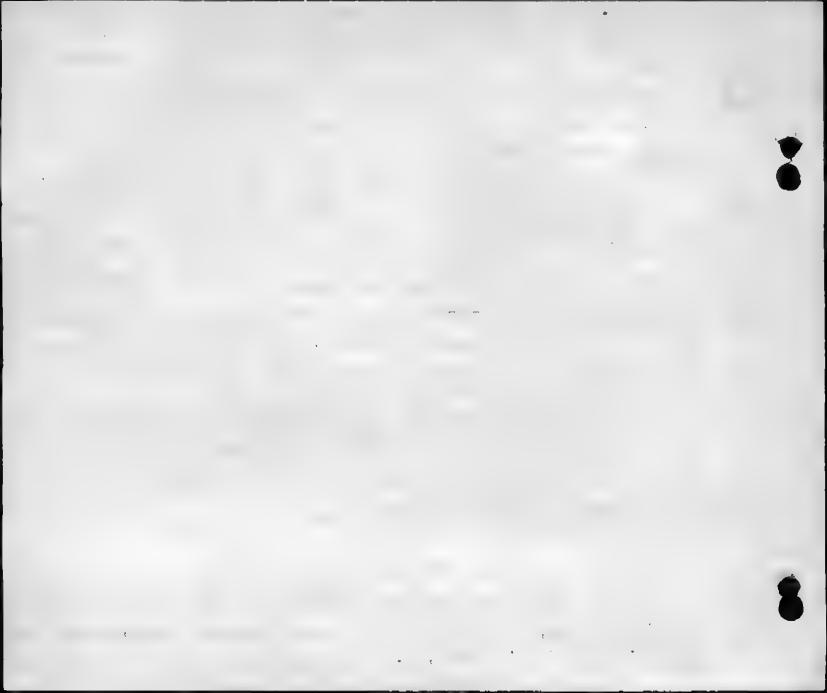
and campletely

physician

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STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution Residence personal formula on) 1. PLACE OF DEATH . COUNTY necessary, actor, Page MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autsida corporate limits, write RURAL and give nearest town) write RURAL and give yearest lown) TAL OR INSTITUTION (f not in hospitel, give strest eddress) e. IS RESIDENCE Por Boa ON A FARM? YES NO Z 3. NAME OF Midd e DECEASED (Type or print) DEATH AGE (In years) F UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH MARRIED NEVER MARRIED lest birth (y) Months | Deys Hours | Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY ! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER S NAME OWN page 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unkown) | (Ifyasgivewarordatesofservica) 18. CAUSE OF DEATH [Enter only one cause per one for (e), (b), and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s a burial-tr DUE TO Conditions, if any, which ? {b} geve rise to immediata causa edical Examiner's build be used as a cremation, or re-**DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6, 19. WAS AUTOPSY PERFORMED? PON DESCRIBE HOW INJURY OCCURED. (Enter noting of in uny in Part I or Part I. of item 18.) NO C 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING no CAUSE OF DEATH Callef age 3 : , 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) Pag of __Not While fectory, street, office bldg., etc.) While at work at work OR Inquiry SC. 21 I certify that I took charge of the remains described above, held an Autopsy | Inspection | and in my opinion should be forwarded to FUNERAL DIRECTO Undetermined manner [Accident Suicide death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street city town or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g PARKLAWN CEMETERY Montgomery County, Maryland 246, REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE Warner E. Pumphrey, Inc. 8434 Georgia Avenue Silver Spring, Md. VS. A15ME MAY 2 9 '61 Cirthur S. Thouse Kaymend a Justka 5M 9'60



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After this

O FUNERAL DIRECTOR:

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. THE MEDICAL EXAMINER. This merificem should be executed within 24 hours after the lineral director. Page 4 should be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the lineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your first TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board/older or its designated agent, prior to burial, genetion, or removal, and in any eventuality in 72 hours after death.

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15. (Yes,

CERTIFICATION

MEDICAL

22a.

	OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE 1, MARYLAND
5736 MEDICAL EXAMINER'S CERTIFICA	TE OF DEATH 09725
PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDEN b. STATE	VCE (Whata deceased tived, If institution: Residence before admission) b. COUNTY Marko
b. CITY OR TOWN (if outside Corporate I mirs, verte RURAL and give near the town) 2. LENGTH OF STAY IN 16 c. CITY OR TOWN	(If oulside corporate I m ts, write RUKAL and give agreest town)
d NAME OF HOSPITAL ON INSTITUTION of not in hospital, give street poddress) d. STREET ADDRESS 420 Deerficial ave 420	Caralist aux 1 S RESIDENCE ON A FARM? YES NO D
NAME OF DECEASED (Type or print) Alath Resulted	1. DATE Month Day Year OF DEATH Mary 3 196/
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Levels White WIDOWED DIVORCED S-15-9	9. AGE In yours IF UNDER 1 YEAR IF UNDER 24 HRS. Jost b ribdes of Months Days Hours Min.
JUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUS.NESS OR INDUSTRY 11. BIRTHPLACE (Šter speed grant of working life, even if retired)	a or foreign country)
TATHER'S NAME	NAME NAME
HILLE Cramm _ un	Know
as, no, or unknown) (If year give war or deleas of service) NONE Gold Security NO., 17. INFORMANT	er - Itum 2
13. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) COLONOMY OCCUSSION	- Donal dent
DUE TO	mi ked
Conditions, if any, which (b)	1
(e), stelling the underlying DUETO	
COUSE TEST. (c) PART IL OTHER SIGNIF CANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAT DISEASE CONDITION CIVEN IN PART 1.4. 19 WAS AUTOROV
H + D D & C - 1000 de	PERFORMED?
200 EXTERNAL CAUSE WAS PRIMARY LL OF CONTRIBETING CAUSE OF DEATH.	YES NO Y
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, fe Hour a.m., p.m., 19 work at work at work	
21 I certify that I took charge of the remains described above, held an Autopsy	Inspection . Inquiry . and in my opinion
death resulted from: Natural causes Accident . Suicide . Homicide	Undetermined manner
ACTUAL ASSISTANT ME	DICAL EXAMINER TO DATE SIGNED
SIGNATURE MO. DEPUTY MEDIC	AL EXAMINER (5-3-61
a. BURIAL, CREMATION 226, DAY THEREOF 226, NAME OF CHMETERY OR CHMATORY	city, town, or county) 22d. TOCATION (City, town, or country) (State)
GENOVAL (Specify)	C = 0 0 1 1 00 1 1/19

248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

BATE

MAY 5 '61 Chillum S. Kruma

VS. A1SME 5M 7/S9



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- RAITIMORE 1 MARYLAND

	5737	511131611 61	CERTIFICA	TE OF DEAT	TH		05726
1	PLACE OF DEATH O. COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE 0. STATE	(Where deceased lived.	If institution; Resi	dence before admission)
	b CITY OR TOWN I fourside RURAL God give neorest tow	149	2 4 Les	SAH	Bernard	.1 .	1/
	OR INSTITUTION	n hospital, give street	pith!	d. STREET ADDRES	w. MAI	eshall.	Blyd e is residence on a farm? yes no
3	NAME OF DECEASED (Type or print)	leanor	Marie Marie	Binney	4. DATE OF DEATH	Month	Day Yeor 19 6
L	Female U	Thite WIDOWI		MARCH		birthdoy) Month	
	during most of working life.	even if retired)	KIND OF BUSINESS OR INDU	CALI	FORNIA	12	CITIZEN OF WHAT COUNTRY
13	Thee dore	Scho	efer	14. MOTHER S MAID	NNA (LINKN	OWN)
15	es, no, or unknown] (If yes, gave	S. ARMED FORCES? B. war or dates of service)		RANK IL BINN	ey - husba	Address	Same a atom
	1B. CAUSE OF DEATH (End PART I, DEATH WAS IMMED		ne for (o), (b), and (c) }	Acidosis	1		INTERVAL BETWEEN ONSET AND PEATH ONLY
	Conditions, if any, whi						
	gave rise to immedia couse (a), stating the <u>unde</u> lying couse last.	DUE TO					
CATION	PART II OTHER SIGN	4 / 7	ectasis	NOT RELATED TO THE T	ERMINAL DISEASE CON	DIT ON GIVEN IN	PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIF	200 ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH L EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injur	y in Part I or Part at of a	tem IB)	
MEDICA	20c TIME OF INJURY Moni Hour o.m. p.m	h, Doy, Year 20d. II While at war	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 20f. (City or tow	m}	(County) (State
	21 1 certify that (1) (the saw the deceased alice	- 11	led the deceased from.	5-5 death accurred at	19 61, to 5		9 6/ , that (I) (==) los the date stated above
		mesW	Egan	M.D. ATTENDING PHYS	MED STA	rs. 🗆 Ma	y 11,196 LIGNE
	22c PHYSICIAN'S NAME (Type) JAM	ES W. EGA	N	7720 7720	Wisconsin	Ave, B	ethesda, Md
23	BUR AL CREMATION 236	DATE THEREOF	23- NAME OF CEMETERY O	OR CREMATORY	234 LOCATION (City town or coun	ty) (Stote)

Mountain View Cem.

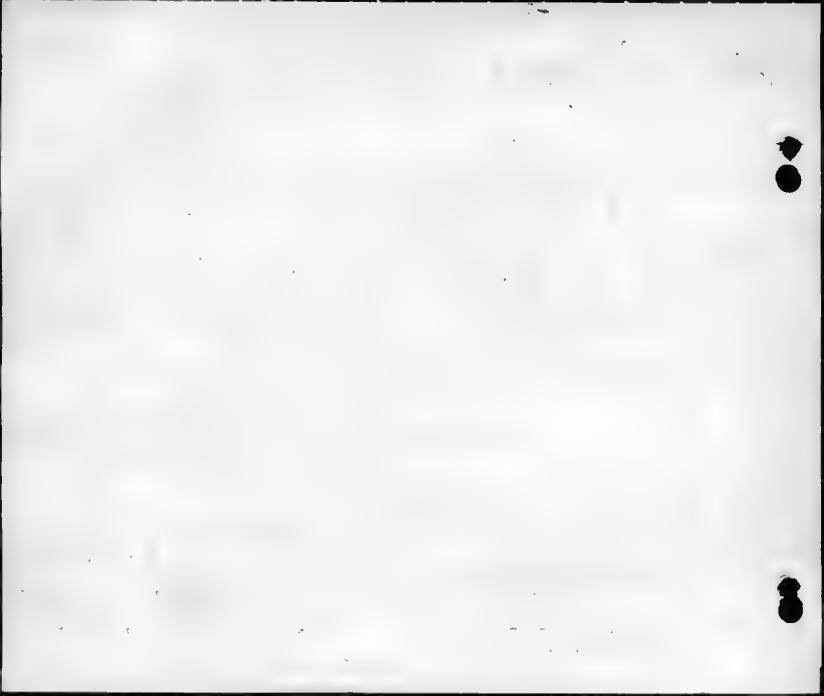
San Bernardino, Calif.

PUMPHREYDORESS

250 REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59



31		MARYLAND STATE DEPARTMENT OF HEALTH
BOD CTATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE		5738 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MEALIH DEFI.	a 1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institut on, Residence before admiss on)
age 88.		mentamery b. STATE mel b. COUNTY mont
de la constant		b. CITY OR TOWN if outside go-porala limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate I m ts, write RURAL and g ve therest town)
E & A dV		write RURAL and give needed town!
		d. NAME OF HOSPITAL OR INSTITUTION (if not in Jospital, give street Address) d. STREET ADDRESS e. IS RESIDENCE
B G G		GGALL STEPHENDE O HOL 19914 STILL ORD YEST NOW
Fig to the first	3	NAME OF First Middle Last 4. DATE Month Day Year
referreda de S		(Type or print) / A. T. & D. A. T. DEATH MALL C. 10/11
4 5 8 4 F	,	reserve s. Therety of
4 d d d d d d d d d d d d d d d d d d d	1	lest birth (y) Months Days Hours Min.
מה מים ביו		Male who widowed Divorced City 27 1927 33 Vis.
1, 2 1, 2 200 200 200 200 200 200 200 200 200 2	d	one during most of working life, even if retirad 106 KIND OF BUSINESS OR INDUSTRY 117 (RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1	_	electronic bug Vitro Corp. Mid 91-5. 6
Page With	_ 13	FATHER'S NAME
T	-1	Lester S. Birely Elinor Beard
	5	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT as, no, or unkown) (Ifyasgivawarordatasofservica) Address
A E E E		The WWI 212-24-7359 Lester S. Birely Thurnont, Md.
on ≥ ≤ c		As. CAUSE OF DEATH [Enter only one caus» par line for (a) (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH
il in june para		PART I. DEATH WAS CAUSED BY: Combined barbiturate and alcohol poisoning. Found daid
od on on other		DUETO in bed.
O'Elic Grig Grig OVS		Conditions, if any, which \ (b) Blood contained 1.6 mg. % birbiturate and
of S of the state		gave rise to immadiate causa DUE TO 0.29 % alcohol.
ate ner ner or r		(a), stating the underlying cause last.
Per liffic	z	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 4 19. WAS AUTOPSY
2 P X X X X X X X X X X X X X X X X X X	18	PERFORMED?
Signal Si	5	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Iem 18
Mee The	CERTIFIE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ME G	4	
Se Charles	MEDIC	
EXAMINE ate, writing the Chief of the Chief	×	
100 P		21. I certify that I took charge of the remains described above, held an Autopsy Inspection, Inquiry, and in my opinion
Serifica Bent, Ten		death resulted from: Natural causes, Accident, Suicide X_, Homicide, Undetermined manner
Nar ag		CHIEF MEDICAL EXAMINER
M to J		SIGNATURE TRUE O. / SWIETANER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
B A Be		EXAMINER'S TO BE DEPUTY MEDICAL EXAMINER \$ 5-8-61
Se ex CONE UNE Se des		NAME (Type) TANK V. 12 10 SCN ZAT Address (Streat, city, town, or county)
Shoul its d		a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State,
0 240 9	1	Burial 5-10-61 Blue Ridge Cemetery Thurmont, Maryland
VS. AISME	3	FUNERAL DIRECTOR ADDRESS 246. REC'D BY REG.STRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	1/10	rymond & Coreagn Phyrmont, Me. DATE MAY 11 '61 acking & thrus
	1	



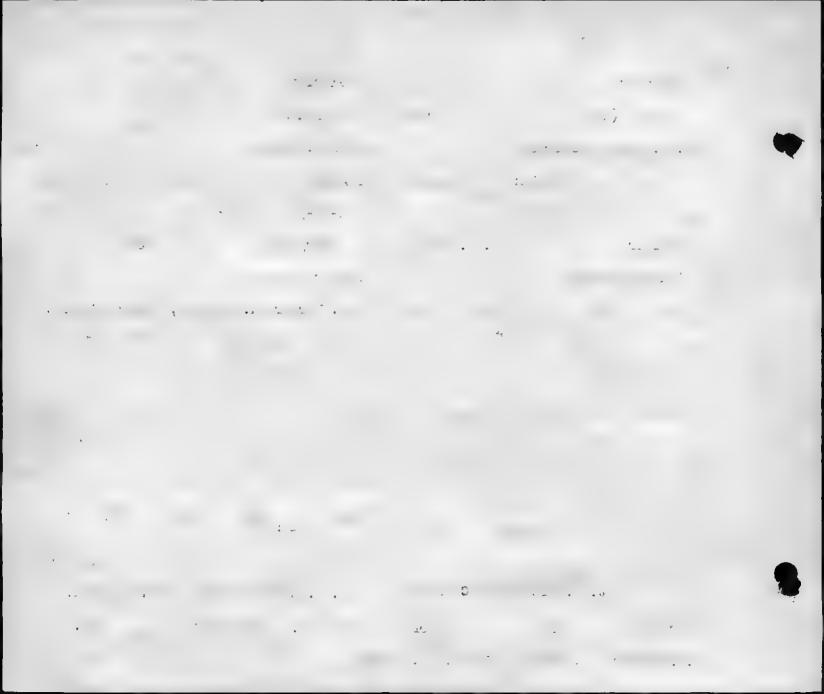
.Chambers Co., 1400 Chapin St., NW. WashDC

15M 9/60

MAY 1 8 '61

DATE

Orthur S. Thous



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	5740	ÇERI	IFICA	E OF DEAT	H	R	eg. Dist. Nd.)	5729
I. PLACE OF DEATH a. COUNTY Mont	gomery	MAR	YLAND 2	USUAL RESIDENCE (W	here deceased lived	l. If institution b. COUNT MO	Residence before	admission)
b CITY OR TOWN (RURAL and give n Boyd		write c. LENGTH OF STAT		Mt. A	outside corporate la			
OR INSTITUTION	Lodge Nur			STREET ADDRESS RFD #	3			IS RESIDENCE ON A FARM? YES NO.K
3. NAME OF DECEASED (Type or print)	Rober	*t H. H	Bolton	Last 1	4. DATE OF DEATH	May	9 Day	Year 19 61
Male		MARRIED NEVER MARR	53	Sept.11.18	382 P AC		UNDER 1 YEAR II	F UNDER 24 HRS Haurs Min
USUAL OCCUPATION during most of work Carpe	king_life, even if retired)	ne 106 KIND OF BUSINESS Building	or industr	Montgor		,Md.	12 CITIZEN OF V	
IJ. FATHER'S NAME W1111	am Bolton			A. MOTHER'S MAIDEN	NAME Anne Bol	ton		
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dotes of servi	214-16-7979		mond E.	Justice,	Address Mt. A	iry. M	đ.
	TH WAS CAUSED BY. JAMAEDIATE CAUSE (a) DUE TO ny, which (b) mmediate (DUE TO	cerebral Cerebral	Vase	ular A	ecident	-	ONSE	TAND DEATH LAYS
PART (I OTI	(c)_ HER SIGNIFICANT CONDI	T ONS CONTRIBUTING TO D					, ,	WAS AUTOPSY PERFORMED? YES NO
20c TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year	20d. INJURY OCCURRED While Not while at work at work	20e PLACE factor	OF INJURY (Hame, far y, street, office bldg., el	m, 20f (City or to	wn)	(County)	(State
21. I certify the alive an	May	-1	t death a	, 19 GU, 10 ccurred at 3 P	_M, fram the ADDRESS (Street,	causes and o		
Burial Specify		22c. NAME OF CEA	AETERY OR C		Rocky1		aunty)	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	th Damas	cus,	Md . DATEM	D BY REGISTRAR	1	AR'S SIGNATURE	

ofter death. Page 4

ortion and completely filled in by the funeral director. Ove carbon papers. Pages 1 and 2 should be filed with us writer death. may be i I by the haspital or attending physician.

The IUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please remains the registrar prior to burial, cremation, ar removal, and in any event within 72 that

ATTENDING MEYECIAN: The lam requires that the death certificate be executed within 24

TO HOSPI VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH W A 2. USUAL RESIDENCE (Where decased I vod, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery District of Columbia MARYLAND b. CITY OR TOWN (f outside corporate imits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (I outs da corporata limits, write RJRAL and give nearest town) write RURAL and give nearest lown) 29 days Bethesda (Rural Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X U. S. Naval Hospital Beck Street. 3. NAME OF DATE Year Middle 4. DECEASED OF (Type or print) DEATH 19 19 61 Reulah Marie BOSWORTH Mav 6. COLOR OR RACE , 7. MARRIED TO NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Hours Months Davs Female 26-81 Caucasian WIDOWED DIVORCED VID. 10a. JSUAL OCCUPAT ON (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Str. or foraign country) , 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk U. S. Govt. Maryland USA 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Notley HOWELL Mabel (Unknown) 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unkown] (Ifyesgivewarordatesofservice) Yes (H) Dudley C. Bosworth. None same as above 18. CAUSE OF DEATH [Enter only one cause per line for (a., [b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMM" JATE CAUSE (a) AUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of Item 18., (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED : 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) [County] Month, Day, Year Not While factory, street, office bldg., etc.) While at work at work p.m. 21. I certify that ((this hospital) attended the deceased from. April 20 May 19 19.61, that (1) (we) last

(State)

22b. DATE

(State)

5-19-51

5 GNED

saw the deceased alive on May 19 . .19 22a. SIGNATURE

22c. PHYS/CIAN'S NAME (Typs)

James

YOUNG.

LT, MC,

23c. NAME OF CEMETERY OR CREMATORY

U. S. Naval Hospital, Bethesda, Md.

STAFF

PHY5.

23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Lee Funeral Home.

Glenwood Cemetery

ADDRESS

ATTENDING

22d. ADDRESS

PHYS.

MED

DIRECTOR

4th & Mass. Aves., NW. WashDC

. Washington, D. C. 25s. REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

23d, LOCATION (City, town or county)

MAY 23 '01 June B. Trans DATE

品等の号 VR A15 (4) 15M 9/60

ig physician, signed by the permit. certificate Se o prior After th 0 Should DIREC 3 shoul FUNERAL rector, page

funeral should

by the i and 2 : death.

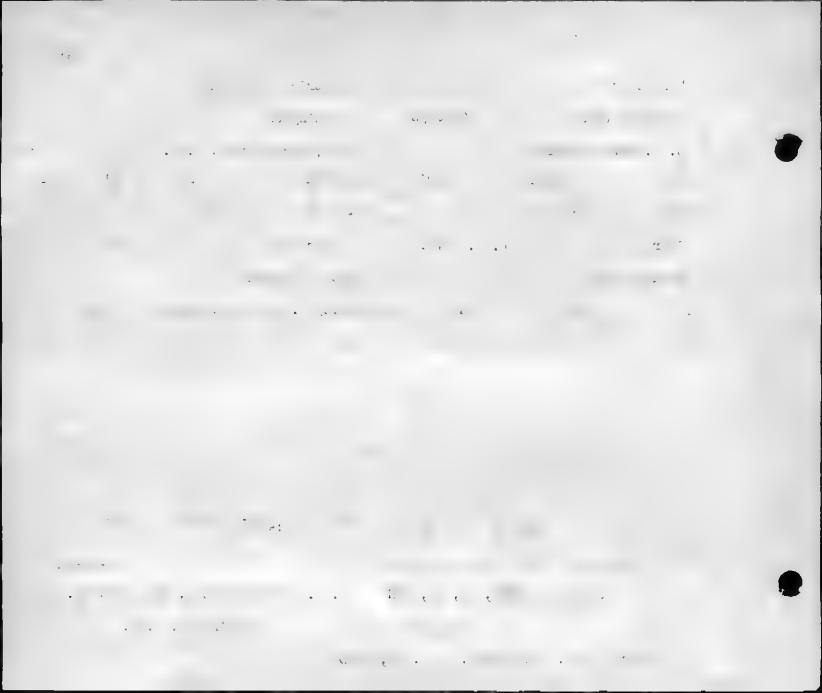
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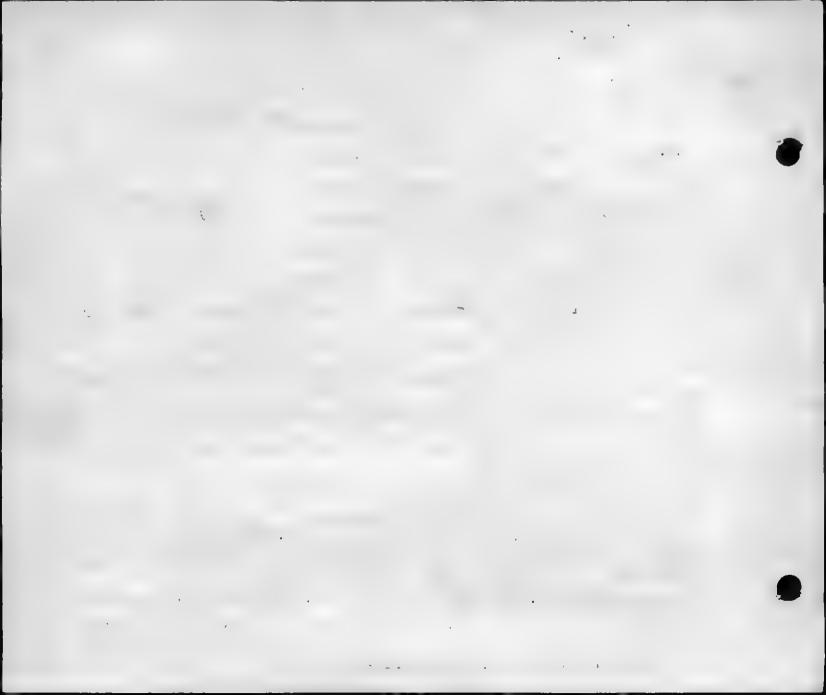
PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) PLACE OF DEATH e. COUNTY ath, ir are the funeral director, Page of the funeral director, Page of be retained for your files. a. STATE 5. COUNTY c. C.TY OR TOWN (if outside corpore.e. .imils, write RURAL and give porest town) MARYLAND b. CITY OF TOWN (if ourside corporete limit c. LENGTH OF STAY IN 15 . IS RESIDENCE ON A FARM? YES NO V 3 NAME OF Middle DECERSED OF (Type or print) DEATH 19/4 9. AGE (In years ULNDER) YEAR ! IF UNDER 24 HRS. with 5 SEX COLOR C B. DATE OF BIRTH WEVER MARRED 2 with last birthday) Almonths Days 1, 2, and 3 ge 5 may and 2 wi WIDOWED DIVORCED 10. LIBUAL OCCUPATION (GIVE kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MS PM3. Pa pages 1 within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME S DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMA File with form I (Yel, rb, or unkown) (Ifyes give werer defes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along w burial-transit per moval, and in a PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying pasn cause last. cremation, PART I., OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.4), 19, WAS AUTOPSY PERFORMED? 9 NO X 206. DESCRIBE HOW INJURY OCCURED (Enter neture of Injury in Pert I or Part II of Hom 18.) Pinons 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY [County] (Stelle) Ġ. fectory, street, office bldg., etc.) While Not While 00 et work et work od to 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection | K. Inquiry and in my opinion forwarded t Accident Suicide Undetermined manner 1 death resulted from. Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MED.CAL EXAMINER EXAMINER'S NAME (Type) Address (Street, c'ly, town, or county). DE 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) (Steta) REMOVAL (Specify) Q40 p 5/26/61 Burial Rock Creek Cemetery Washington, 24e REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Robert A. Pumphrey VS. A15ME Bethesda, Maryland DATE MAY 2 5M 9 60

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5743 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where d	eceesed lived, Linstitutions Residence	before adm ssion)
Montgomery	MARYLAND	Maryland	b. COUNTY	
b. CITY OR TOWN (floutsida corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside com	porate limits, write RURAL and give nee	erasi towali
Bethesda (Rural)	_3 days	Silver Spr		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	e., g.v., street address)	d. 83 ET ADDRESS		a. IS RESIDENCE ON A FARM?
U.S. Naval Hospital		XXXX Gist Avenue		YES NOV
3. NAME OF First DECEASED	Midda	lest 4 DATE OF	Month Day	Y at
(Typa or print) THOMAS	MARSHALL	BRADY ! DEATH	May 1	19 61
5. SEX 6. COLOR OR RACE, 7. MARR ED			AGE (In yours IF UNDER TYEAR IF	UNDER 24 HRS.
Male Caucasian WIDOWED	DIVORCED [2-2-92	lest rthdey) Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS OR INDUST	/-	fore country) 12, CITIZEN OF	WHAT COUNTRY?
done during most of working life, even if relified) Carpenter		Maryland	US.	
13. FATHER'S NAME		1 14. MOTHER'S MA DEN NAME	QS.	-
George A. Brady		Sarah Thomas		
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. 5	CE SECURITY NO. 17.	INFORMANT.	Address 813 Gist A	
(Yes, no, or unkown) (Ifyesgivawarordalesofservice)	10612-8570 ·	Daughter		lve
Yes WWL 7	o for re . (b), and (c).)	Mary Anne Brady Sin	clair Silver Spr	ing Mo
PART I, DEATH WAS CAUSED BY:		myscardium		I AND DEATH
IMMEDIATE CAUSE (6)	acus un	- go executive	/->	me. U.
420.0 DUE TO	TEA	4 - 4 - 1	seare y	16120
Conditions, if any, which (b)	Tereosalaro	100 DENCE DO	sever 1	
(a), stating the underlying DJE TO				
ceuse last. (c)	÷		7	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONT	REUTING TO DEATH BUT N	OT RELATED TO THE TERM NAL DISEASE	CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
CAT			YES	
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLY NG	RIBE HOW INJURY OCCURE	D. (Enter neture of injury in Peri I or Peri	l, of item 18.)	
0 200		ACE OF INJURY (Home, farm 2Df. (Cit fory, street, office bldg., etc.) (y or town) (County)	(efet2)
Hour a.m. While	1101 11.1110	,		
21. I certify that XX (th's hospital) attended		_	_	
saw the deceased alive on 1 May	19 <u>61</u> , and tha	death occured an: 0.44MM from	n the causes and on the date	stated above.
22/ SUGNATURE PALAR	1.	ATTENDING MED.	STAFF	226. DATE SIGNED
Mineel Puelly	were,	A.D. PHYS. DIRECTOR	PHYS. K 1 May	1961
ZZe. PHYSICIAN'S NAME (Type)		22d, ADDRESS		
RUSSELL MILLER, JR. AT MC	USN		spital, Bethesda,	Md
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, fawn or county)	(State)
Burral 5-4-61 .	Arlington N	ational Ar	clington Virgini	a
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		TRAR 256. REGISTRAR'S SIGNATU	
W.E. PUMPHREY FUNERAL HOMS.	SILVER SPRIN	G_MD DATE MAY 4	61 arthur S. Krall	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5744 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o COUNTY b. COUNTY MARYLAND Montgomery Marvland funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 å RURAL and give nearest lown) Chevy Chase should Chevy Chase d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 3218 E. Thornapple Thornapple Street Street puo NAME OF 4. DATE Middle Lost Month DECEASED OF DEATH File Poges (Type or print) Harry Bright Mav IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years fost birthdoy) WIDOWED [DIVORCED [70 White Feb. 1891 Male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Chemistry Chemist Pennsylvania gud 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Emma Madora Lavman Bright hours S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Lynne A. Bright-wife-same 2d No attending None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) certificate OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 206. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Not while of work | at work

21. I certify that I attended the deceased fram_

SIRECTOR ď should FUNE 507 10

death. Page

death certificate

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220- BURIAL CREMATION.

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

ISM 9/55

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

ADDRESS (Street, city or town, stole)

Reading. Pennsylvania 24b. REGISTRAR'S SIGNATURE

(County)

1941, that I last saw the deceased

Montgomery

22

Days

USA

. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO N

> > (State)

DATE SIGNED

(Stote)

YES [

() William

12 CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO

Year

1961

24g, REC'D BY REGISTRAR Bethesda, Marylandonie MAY 25'61

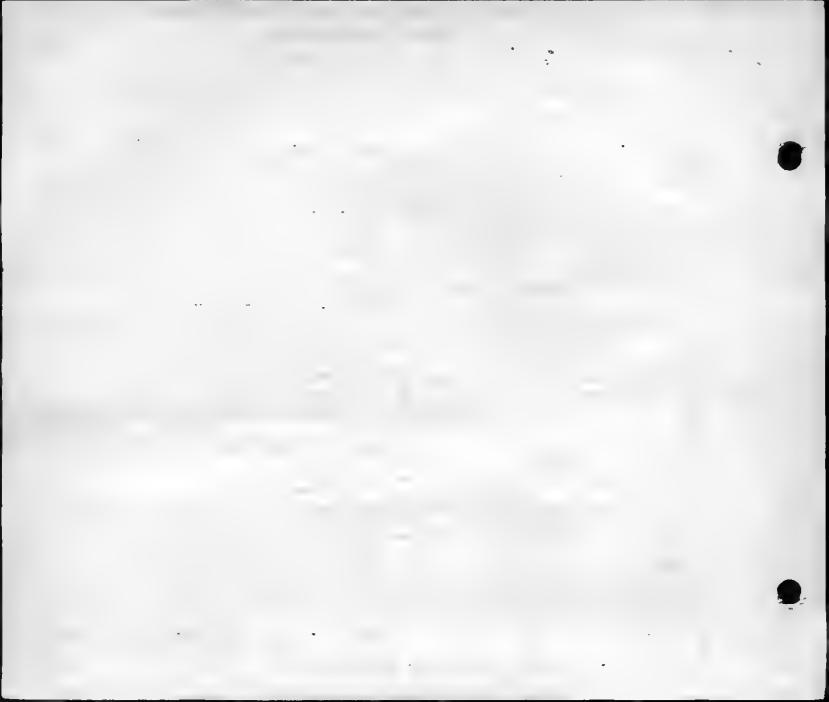
Evans Cem

_, and that death accurred at 11

Charles

cirting & Three

A.M. fram the causes and an the date stated above.



45745 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNT filed **b.** COUNTY MARYLAND 70.0, 50 - 700 Erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ě RURAL and give nearest town) should Charrene d. NAME¹OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 0,14 YES TO NO TO NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX DATE OF BIRTH MARRIED NEVER MARRIED [7] lost birthday) Months WIDOWED I DIVORCED [VES 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corban ofter 13, FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician maye ! 72 hours 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** þ Conditions, if ony, which been signed gove rise to immediate DUF TO ĕ couse (o), stoting the under-Lyd tille lying couse lost. burial-fransit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18.) 20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20er PLACE OF INJURY (Home, farm, 20f (City or town) (Stote) (County) foctory, street, office bldg , etc.) AEDI Hour o.m. While Not while of work of work . 19 6 / that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 9 2 alive an P. M. fram the causes and on the date stated above. hed by the ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S the registror NAME (Type) FUNES C) BUR AL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stote) pode REMOVAL (Specify) Brooks Grove Iaytonayille 0 240. REC'DATA REGISTRAR - 24b. REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Curhay S. Three 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

certificate requires that the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11. 5746 Jr. 1. 2 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND in ukitomala Turnla: nero also CITY OR TOWN (If outside corporate filmits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. LENGTH OF STAY IN 16 RURAL and give nearest town) llasse welker, om d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🖺 NO 📳 et - direction Middle Marria 4. DATE NAME OF Month Year DECEASED OF (Type or print) DEATH 19 0 / IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX DATE OF BIRTH 9. AGE (In years 7- MARRIED T NEVER MARRIED KI last birthday) Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1266 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 17,7148a 18. CAUSE OF DEATH [Enter only one cause per fine far, (a), (b)k and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 179, WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or tawn) Day, Year 20d, INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a m. While Not while at work at work 21. I certify that I attended the deceased from 5/2/..., 19.5/..., 19.5/..., 19.5/..., that I last saw the deceased ___, and that death accurred at _____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

Brooke Grove Cem.

22d LOCATION (City, town, or county)

Laytonsville. Md

24b. REGISTRAR'S SIGNATURE

Chilling & House

240. REC'D BY REGISTRAR

MAY 29 '61

(State)

O en FUNE page 2

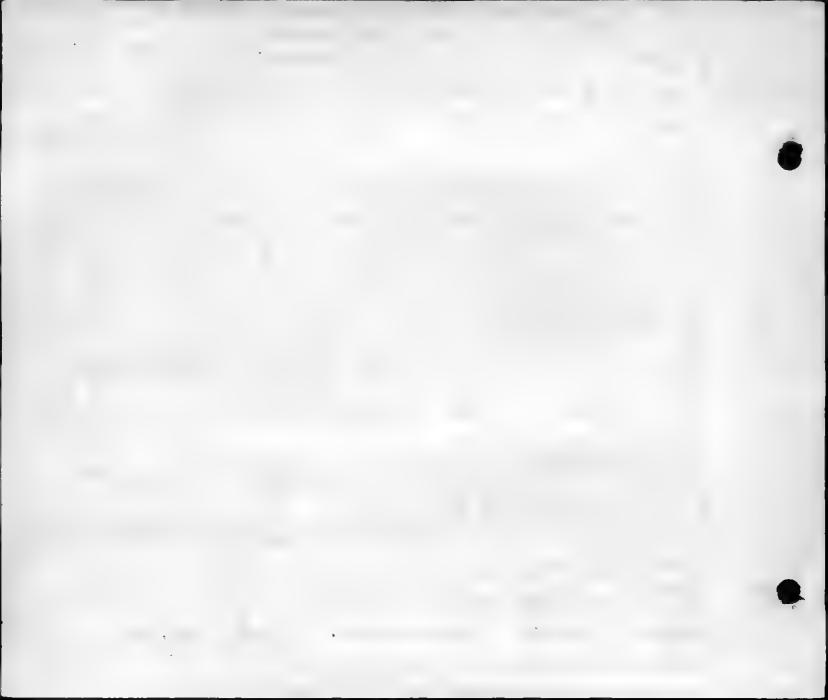
requires that the

NAME (Type)

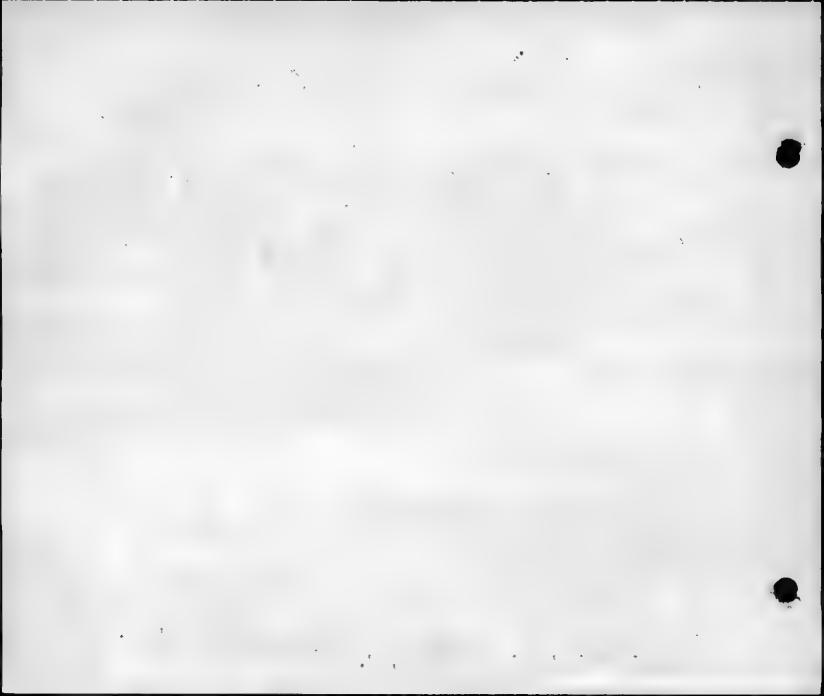
REMOVAL (Specify) Burda 1

23. FUNERAL DIRECTOR'S SIGNATUR

270 BURIAL, CREMATION, 226. DATE THEREOF



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY. b. COUNTY the 1.2 c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporete I ON A FARM? YES NO DE 3. NAME OF DECEASED OF (Type or print) DEATH and cor 9. AGE (In years IF UNDER 1 YEAR | F UNDER 24 HRS. NEVER MARRIED T WIDOWED M D VORCED physician aftending 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL SETWEEN IMMEDIATE CAUSE (a) DUE TO 11 / 46 4 4 En DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N WAS AUTOPS PERFORMED? NO [206 ACCIDENT WAS UNDERLYING [] | 206. DESCRIBE HOW NURY OCCURED. (Enter netline of in any in Port I or Port II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While al work at work saw the deceased alive on MING 22b. DATE 22a. SIGNATURE **ATTENDING** SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) AUSSE! death. director, p 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 123c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince George's Co. Maryland Fort Lincoln Cemetery 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Georgia Ave. Spring, Md. MAY 1 6 '61 Couring S. Kraus 15M 9/60 DATE Laymond



TO HOS?

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death.

A may be retained by the hospital or attending physician

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MAR		ARTMENT OF HEA		
	DIVISION OF STATISTICAL RESEA	CERTIFICATE	OF DEATH	ET, BALTIMORE 1, MA	U5757 _
	PLACE OF DEATH L. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (What of STATE Maryland	b. COUNTY	
_	o. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	
7	Barnesville d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give street eddress)	Barnesvil	Lle	ON A FARM?
	NAME OF First DECEASED (Type or print) Hatton	Middle	Lest 4. DR		Dey Year
und	SEX (6. COLOR OR RACE 7. MARR	Darby Brow	n pate of B.RTH	9. AGE (In years) F UNDER 1	
10.	Male White WIDOV	VED DIVORCED	Jan.2-1890	71 yrs.	Hours Min.
qo	re during most of working l.fe, even if retired) Farmer Owner Act	KIND OF BUSINESS OR INDUSTRY	Maryland		S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15, (Ye	Clifton Brown WAS DECEASED EVER IN U.S. ARMED FORCES? S, no, or unknown) (Ifyesgive werordeles of service)	5. SOCIAL SECURITY NO. 17. 12	Mary Darl	Address	_
			chard Brown, Bar	rnesville,Md	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	cute Curona	ry Ocelusion	n	ONSET AND DEATH
	Conditions, if any, which	TUNAYN AY	terios clevos	1 <	2 V66 Y5
	geve rise to immediate couse [a], stating the underlying couse lest.	7		2.4	1
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	(Enter neture of injury In Part I or P	Part of item 1B)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. Wh	ile Not While facto	CE OF INJURY (Home, farm, 20f. ry, street, office bldg., etc.)	[City or town] (Coun	ly) (Stele)
	21. I certify that (I) (this hospital) after		22 April, 1961,	to 2 6 May , 194	.l., that (I) (we) last
	saw the deceased alive on 2.3. M.e.	Y19.61 , and that	death occured at. 7.1. M., ATTENDING MED. PHYS. DIRECTOR	STAFF	ne date stated above. 22b. DATE 7 May 61
	Gordon M. Smith		Barnesvill	e,Md	4
238	BURIAL CREMAT ON, 236 DATE THEREOF REMOVAL (Specify)	23c, NAME OF CEMETERY C	R CREMATORY 23d.	LOCATION (City, town or county	(Stelle)
B1	urial May 29-19	Monocacy ADDRESS	O O Sa RICIP BY B	eallsville, Md	POLATUME
=4	William B. Hillon	Darnesol	() SATE		



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) I. PLACE OF DEATH e. COUNTY b. COUNTY n. STATE MARYLAND b. CITY OR TOWN (if outside porate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and g ve nearest town) ÷ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (Type or print) DEATH 5. SEX AGE (In yours [IF UNDER ! YEAR NEVEL MARRIED 8. DATE OF BIRTH 7. MARRIED last birthery) WIDOWED [BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER S NAME MOTHER'S MAIDEN NAME PM3. 4 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknwn) (Ifyesgivawarordateso(servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** burial Conditions, if any, which (b)_ gave rise to immediate cause п DUI TO (a), stating the underlying cause last. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-51 19. WAS AUTOPSY CERTIFICATION 2 cren 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of invury In Pert I or Part II of Idem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 1 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 2 Inquiry | 0 Undetermined manner death resulted from: Natural causes Accident Suicide Homicide IRE CHIEF MEDICAL EXAMINER ecute the A A should be to be ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION, REMOVAL (Specify) EMETERY 0 BURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I

DATE SIGNED 22d. LOCATION (City, town, or country) ~(Stele) 24b. REGISTRAR'S SIGNATURE Circher S. Thousa

. IS RESIDENCE ON A FARM? YES NO NO

196 1

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO K

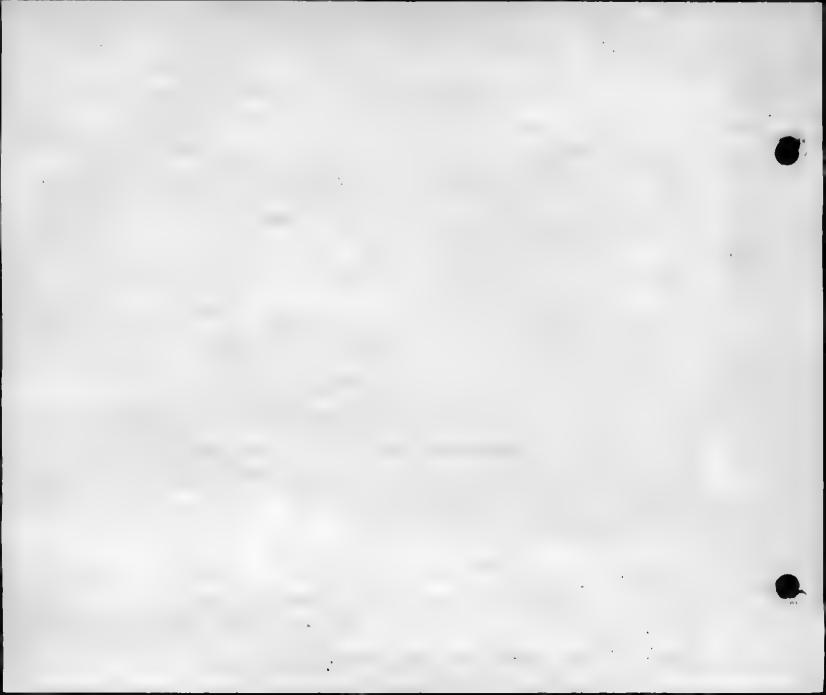
(State)

and in my opinion

(County)

Months

VS. A15ME 5M 9 60



DIVISION OF STATISTICAL RESEARCH AND REC . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item : Firm G267 TISTIAL RESIDENCE (Where deceased I ved, If institution, Ras dance before admission) PLACE OF DEATH Montgomery Marwland MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Kensington Kens/ng/tow Bethesda 14 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE Sattery Lone MO NO K Kensington Gardens Sanitarium 3. NAME OF DATE Month DECEASED OF (Type or print) Kirk Buffington Ada DEATH 19 61 May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) White 1878 Female WIDOWED DIVORCED I Feb. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josiah Kirk Anne Revnolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Donald Dudley, 4857 Battery La., Beth. None 18. CAUSE OF DEATH |Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN CO. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia wk. g physical signed IMMEDIATE CAUSE (a) DUE TO Generalized Arteriosclerosis Conditions, if eny, which 10 yrs. (b) geva risa to immediate ceuse DUE TO la), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO IK 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or lown) (County) (State) lectory, street, office bldg., atc.) While Not While Hour a.m. at work p.m. DIRECTOR: saw the deceased alive on. May....12.,........12.6.1., and that death occured at 7.: 20, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE MED. ATTENDING 1981 PHYS. DIRECTOR PHYS. FUNERAL 22c PHYSICIAN 22d. ADDRESS NAME (Type Joseph Kenrick 6450 Wisconsin Ave., Bethesda, Md. rector, Filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 043 Brook View Cemetery Rising Sun. Maryland √ Burial-transit 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMP VR A15 (4) MAY 1 8 Bethesda, Md. 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



While

Not while of work O of work

Parteniary be read by the horse 3 should be defined by the horse 3 should be defined by the horse street by the register. page

Hour a.m.

alive on May

ACTUAL

2 VS A1S (4) 15M 9/5B

Main Street SIGNATURE PHYSICIAN'S NAME (Type) Gilcin F. Damascus, Maryland eadors. 220 BUR AL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Damascus Meth. Damascus, Md Buria] 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Damascus. DATE MAY 1 2 '61 Cirthun S. Hrouse

foctory, street, office bldg., etc.)

and that death accurred at 12:5%, from the causes and an the date stated above.

ADDRESS (Street, city or lown, stole)

21. I certify that I attended the deceased from Jan Lo , 19 55, to May 5 1961, that I last saw the deceased

Reg. Dist. No. U

a. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

veare

(State)

PERFORMED?

YES NOT

Days

USA

(Caunty)

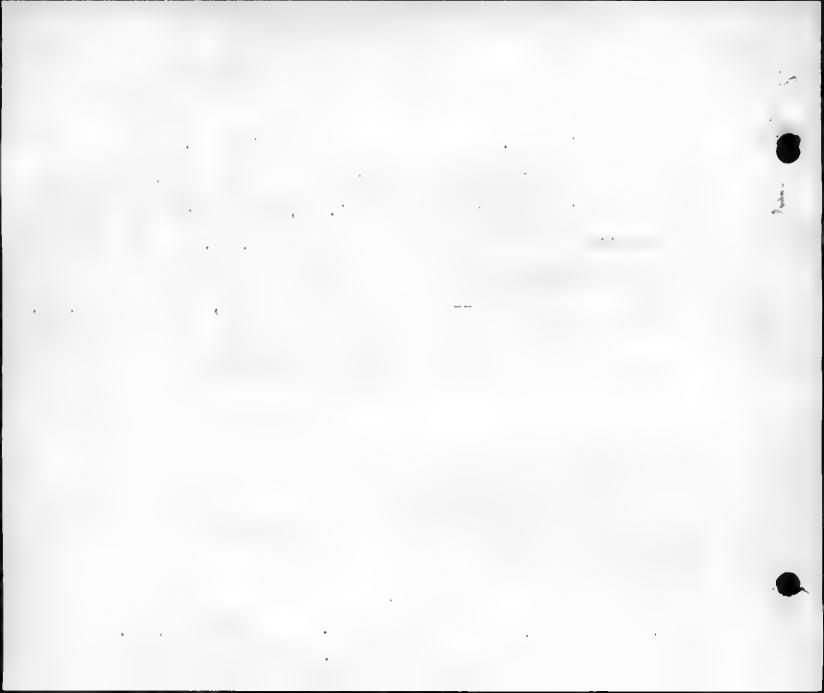
Months

ON A FARM?

YES NO TO

Year

19 67



hin 24 hours after dealt TO HOST

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed the death.

Jo FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and imany event, within 72 hours after desired.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	5752	CERTIFICATE OF DEATH		05241 -
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	CE (Where deceased lived, If Institutions R	esidence belore admiss on)
	b. CITY OR TOWN (if ours de corporate limits, write RURAL end give neerest fown)	MARYLAND Ma		ontgomery_
	Rockville		ockville	IS RESIDENCE ON A FARM?
	615 W. Lynfield D	rive 615 W.	Lynfield Drive	YES NO
	(Type or print) 5. SEX 6. COLOR OR RACE 7, MARRIED	E BURTON EN NEVER MARRIED B. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	27 1961 YEAR IF UNDER 24 HRS.
	Female White WIDOWED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	DIVORCED 6/2/1925 ID OF BUSINESS OR INDUSTRY 1 JIRTHPLACE ,Cour	35 уп.	ZEN OF WHAT COUNTRY?
1	Housewife	New Jer		SA _
)	John S. Grillo	0	lympia Pascal	
	(Yes, ng, or unkown) (Ifyesgivewerordeles of serv.ce)		ton-Husband-same	2d
	18. CRUSE OF DEATH [Enter on y one ceuse per lin PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)		WARY METASTASE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.	PARCINOMA OF BA	REAST	28 405
	N'ON'E	RIBLTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	DR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED (Enter nature of injury in	Part I or Pert I of tem 18.)	,
	20c. TME OF INJURY Month, Dey, Year 2Dd. IN Hour e.m. While at work			
	21. I certify that (I) (this hospital) attended	ad the deceased from AUGUST	19.60 to MAY 27 19.	4 /, that (I) (we) last
	saw the deceased alive on . HAY 2	ATTENDING	MED. STAFF	he date stated above
	22c. PHYSICIAN'S NAME (Type) JOHN H. T	WAY, M.D. 22d. ADDRESS 7	720 WISCONSIN BETHESDA M	D. AVE -
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 5/31/61	Arlington Nat. Cem.	23d. LOCATION (City, lown or county Arlington, Virg	inia
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS The sda Maryland	C'D BY REGISTRAR 25b. REGISTRAR'S S	4 .



RYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5753 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I yed, if institution, Residence before admission) a. COUNTY b. COUNTY Mont gome ry Montgomery by the land 2 death. MARYLAND b. CITY OR TOWN (if outs'de corporata lim ts. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Bethesda Bethesda Filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give streat address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 8018 Park Lane 8018 Park Lane YES NO 3. NAME OF Middle 4. DATE DECEASED OF ELTZABETH R. CANADA (Type or print) May 19 61 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HF JNDER 1 YEAR IF UNDER 2 . HRS. lest birthday) Months Female WIDOWED [DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE County & State, or fornigh country. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington. D. C. Housewife phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending George Donaldson Margaret Hickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Daughter 5920 Greentree Rd. (Yes, no, or unkown) (Ifyesg vewerordatesofservice) Bethesda, Md. Pampillonia 18. CAUSE OF DEATH [Enter only one couse per line for ,ar, (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) ONSET AND DEATH DUE TO Conditions, if any, which " (b) geva rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19. WAS AUTOPSY PERFORMED? NO X 2De. ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert | or Part | of 'tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 2De, PLACE OF NJURY (Homa, farm. 20f. (City or town) fectory, street, office bldg., atc.) Hour e.m. While Not While al work at work 21. I certify that (I) (this bospita.) attended the deceased from Old 1960C to... saw the deceased alive on... 22a, AGNATURE ATTENDING. DIRECTOR PHYS. PHYS. FUNERAL ector, page 22c PHYSICIAN S 22d, ADDRESS NAME (Type) 5707 Wisconsin Ave. Chevy Chase Md. filed v 23d. LOCATION (City, fown or county) 236. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 0.53 Silver Spring, Maryland Gate of Heaven 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) ROBERT A. PUMPHREY Bethesda, Md. DATEMAY 18'61 15M 9/60



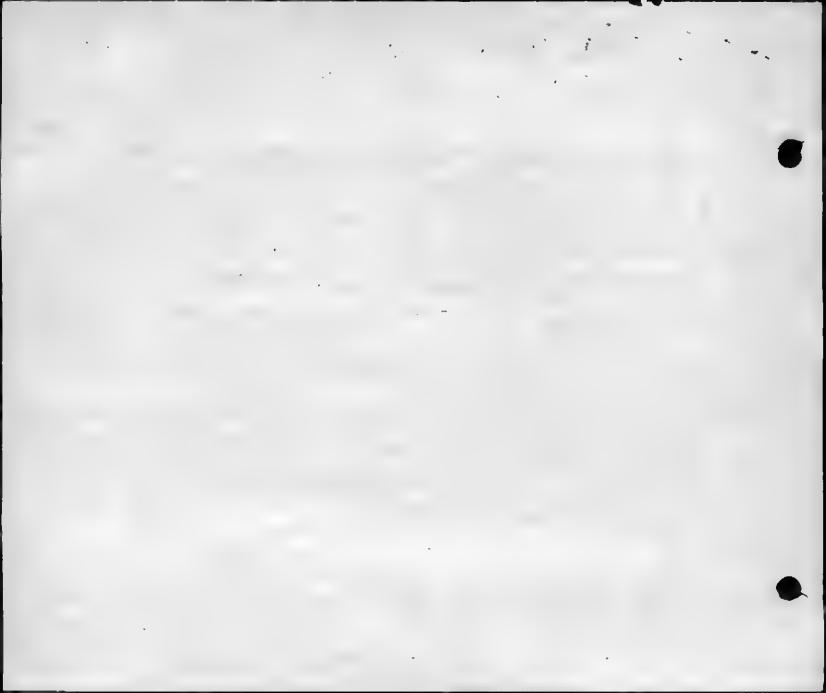
FOR STATE

TO DEF. MEDICAL EXAMINER: This certificate should be executed within 24 hours after Beath. If me ay is mecassary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pagers 1, 2, and 3 to the funeral director. Sage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 poors given death. ringin Id add.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 54

1	1. FARLE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if nsintunon; Residence Delore admission) 2. COUNTY 4 2. STATE 3. COUNTY 4 4. STATE
	monty on the maryland s. STATE md b. COUNTY monta
Y	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) with RURAL and give nearest youn)
	d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
28	4419 Strathmore ave 4419 Strathmore ave YES NO DAY YOUR DECEASED
	5. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH S. COLOR OR RACE 7. MARRIED Never MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED DATE OF BIRTH S. COLOR OR RACE 7. MARRIED
)	Totale White DOWED DIVORCED 1-4-9 70 yrs. 100 USUAL OCCUPATION (Give kind of work diply most of working life, even if refired) 10b. KINO OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (Ste'e or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Bousewife N. E. M. S. Ce.
	(Unknown) King 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wer or detea of service)
	NO 579-01-3233 Suiffered Cause of Churbered Interval Between (hurbared) The Death Interval Between Onset and Death
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Suclalen
	Conditions, if any, which gover is a to immediate cause (a), stating the underlying DUE TO DUE TO DUE TO DUE TO DUE TO
	Cause lest. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a): 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY DOES CONTRIBUTING CONTRIBUTION CONTRIBUTI
	20c. TIME OF INJURY Month, Dey, Yeer 20d. IN, JRY OCCURED 20e. PLACE OF INJURY (Home, farm, P.m. 19 of work at work 19 of
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
d	death resulted from: Natural causes 📉. Accident 🔲. Suicide 🗍. Homicide 🗍. Undetermined manner 🗍
'n	ACTUAL 1 ASSISTANT MEDICAL EXAMINER TO DETERMINED
١	SIGNATURE MAIN LA
	EXAMINER'S NAME (Typs) FANK J SCHRAT Address (Street, city lown, or county) 220. BURIAL, CREMATION 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) (State)
	Burial 5/29/61 George Wash. Cemetery Hyattsville, Maryland
,	Robert A. Pumphrey Bethesda, Maryland DATE MAY 31 '61 Callum & Kana
	DATE MAI STORY



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Pages 1	death.		
Then please remave carban papers.	ian, ar remaval, and in any event within 72 hours after		(7)
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detached far use as the burial-transit	Health priar to burial, cremation, ar ri	4	

director

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ATTENDING PHYSICIAN: The

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PR ATTEND ed by the F DIRECTOR: /

Board

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certificate

er death. Page

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I filinstription Residence before admission) o. COUNTY District of Columbia 5. COUNTY MARYLAND Montgomery CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 156 days Bethesda Washington d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION
The Clinical Center, Bethesda 14, ON A FARM? 1420 Saratoga Avenue. YES NO TO 3. NAME OF Middle 4. DATE Month Day Year DECEASED Paul Arthur Carson (Type or print) DEATH May 6 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9 AGE (In years 57 (In year) Months Days Male January 3, 1904 WIDOWED [7] DIVORCED Ida. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Clerk warking life, even if retired) Unknown Indiana U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Carson Carrie Gregg 17. INFORMANTI'he Medical Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO. The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary Congestion 24 hours IMMEDIATE CAUSE (o) **DUE TO** Metastatic Carcinoma Conditions, if any, which weeks (b) gave rise to immediate **DUE TO** cause (a), stating the under-Epidermoid carcinoma of tongue lying couse ast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 💢 NO 🗀 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (State) (County) Hour a.m. factory, street, affice blda., etc.) While Not while at work at work p. m. 21 I certify that (1) (this hospital) attended the deceased from December 19 1960 to May 24 and that death occurred at 9.55, from the couses and on the date stated above saw the deceased alive on GNATURE ATTENDING DIRECTOR -22c. PHYSICIAN'S 22d ADDRESS The Clinical Center National NAME (Type) DAVID T. CRAWFORD. Institutes of Health, Bethesda 1 230. BURIAL, CREWATHON +23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City tawn, ar county) (State) REMOVAL (Specify) Hill Cemetery Cedar burial Pr. Geo. Co. Mary land 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE Wash . D. C. 2So. REC'D BY REGISTRAR S.H. Hines Co., 2901

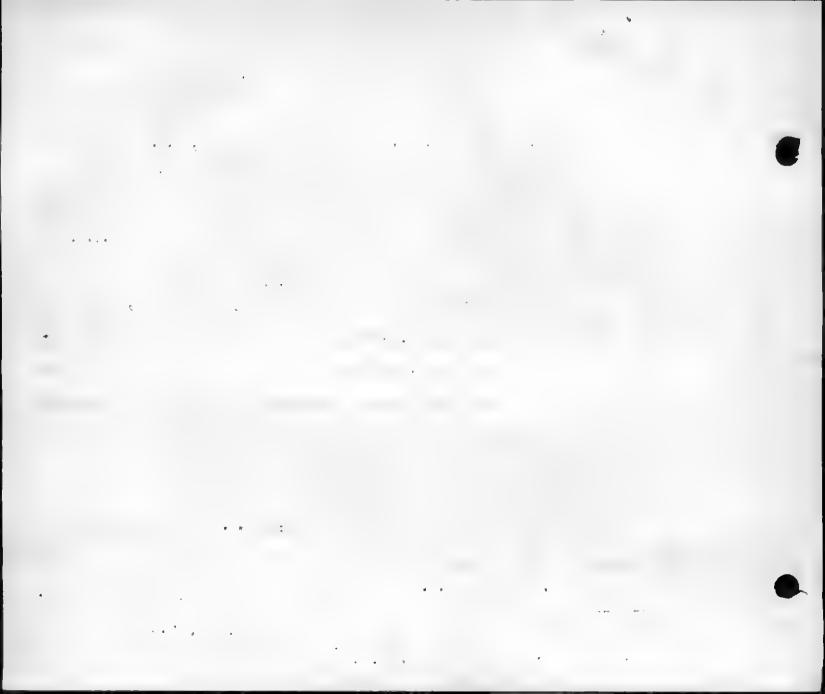
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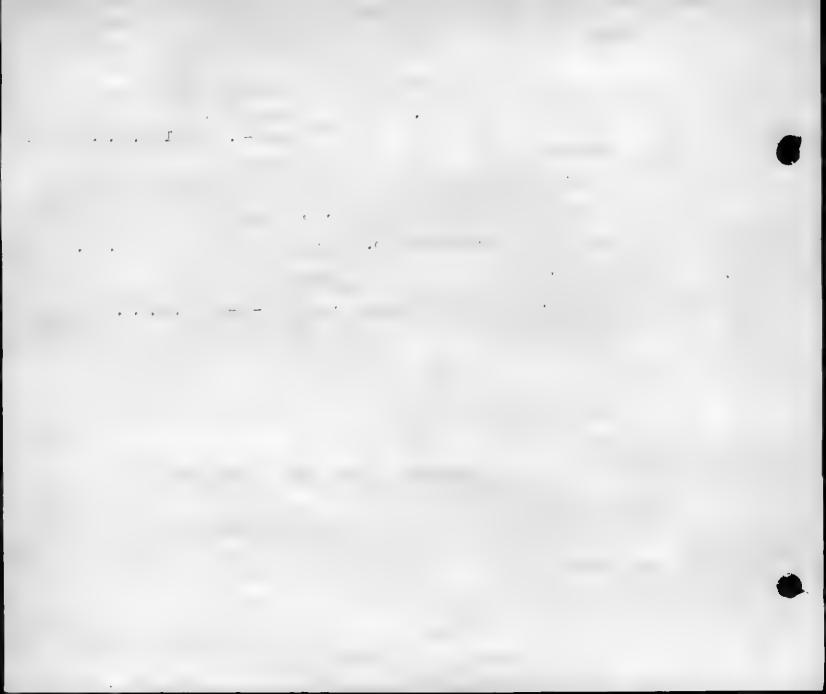
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DATE

FUNERAL 0 1SM 9/S9



1 1 b		MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		5756 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ved. institution: Residence before admission)
Page 1	į.	e. STATE b. COUNTY
SE S		b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town.
is no		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
e Boar	6	13/1-E. Capitol St. S.E. ONA FAREY
State death.	3.	NAME OF Last 4. DATE Month Day Year OF
The the		(Type or print) Herman Joseph Carte T. SEX 6. COLOR OR RACE T. MARRIED TO 18. DATE OF BIRTH. 19. AGE (In years 14 UNDER 1 YEAR, IF UNDER 24 HRS.)
deal nd 3 may 2 wit	J.	last birthday) Months Days Hours M.n.
after after 2, a 2 hot 2 hot 2	10a	male White WIDOWED DIVORCED Oct. 8 1915 15 yrs. 1. USUAL OCCUPATION (Give kind of work needed) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Pages 1	A	wning Nechanic Burton Awning Co. Virginia U.S.A. FATHER'S NAME
T S S S S S S S S S S S S S S S S S S S		Leighton Carter Unknown
with 18. (15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. no. or unknown) (Hyosig vewsrordstessoftservice) (277
frem frem with peri		Yes World War 2 1/-03-2102 Marjorie Carter-11- 35 th.St.S.E. INTERVAL BETWEEN
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id be fice a risk-tr		Conditions, by, which (b) Iracline of skill
should I		gave rise to immediata causa
indirection of C		(e), stelling the underlying Due to
his certifi word "pe ical Exam Id be use emation,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8" 19. WAS AUTOPSY PERFORMED? YES NO NO
This wo adica or cren	TIFIC	20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part Lor Part II of Itam 18.)
MER. of the string the	1 -	CAUSE OF DEATH. Fell from badder 27 ft while placing awnings
Writin Writin	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20c. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or logn) (County (State) Hour While Not While Not While (State)
Cate, the the prior	×	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Q! Inquiry M, and it my opinion
医信息合 共	1	death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner
IEDIC The ce rward DIRE		CHIEF MEDICAL EXAMINER [
2K & D W		SIGNATURE A.D. ASSISIANI MEDICAL EXAMINER A.D. DEPUTY MEDICAL EXAMINER [7]
DEP		NAME (Type) - ANK J. /3/0.5 Chalt Address (Street, city, town, or county)
	22=	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (Clty, lown, or country)
5 g 4 5 g	23	EUNERAL DIRECTOR ADDRESS ADD
VS. AISME 5M 7/59	<	John & Mattingly 131-11 Dy & C DATE MAY 22'61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

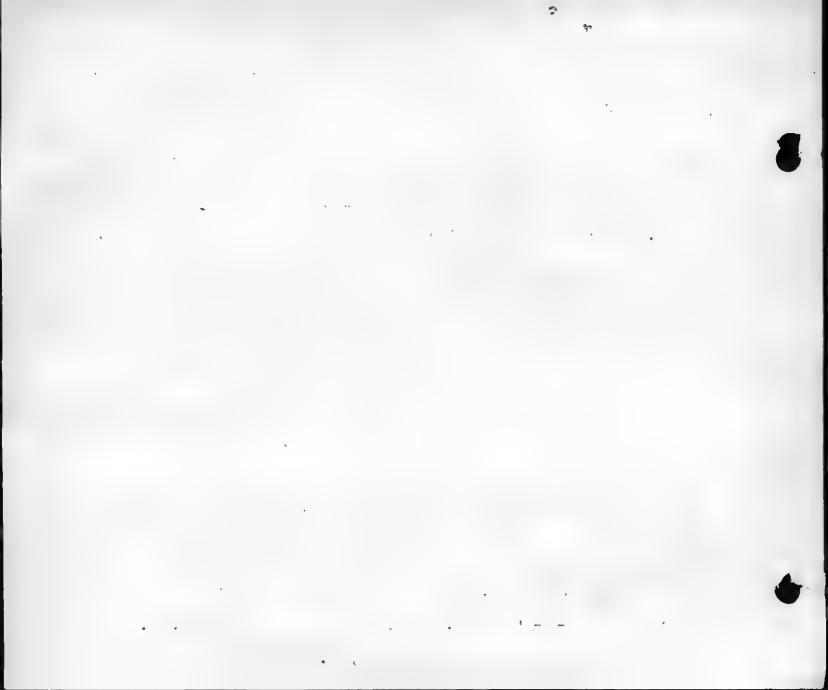
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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived o. STATE	. If institution: Residence before admission) b. COUNTY					
o. COUNTY MONTGOMERY	MARYLAND	MARYLAND	MONTGOMERY					
b CTY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)					
OLNEY	13 DAYS	BROOKEVILLE						
d NAME OF HOSP TAL (If not in hospital, give OR INSTITUTION		d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES ☐ NO [37					
MONTGOMERY GENER		" (SUNSHINE)						
DECEASED	Middle	Lost 4. DATE OF DEATH	Month Day Year					
110111	MARRIED NEVER MARRIED	ONSILECE	MAY 19, 19 61					
	TOTAL CONTRACTOR OF THE PARTY O	los	birthday) Months Days Haurs Min					
MALE WHITE W 10a USUAL OCCUPATION (Give kind of work doi		2=15=1876 8:						
during most of working life, even if retired) Ret. Farmer	Fam							
13. FATHER S NAME	raim	MARYLAND 14 MOTHER'S MAIDEN NAME	USA					
			11					
GEORGE WASHINGTON 15 WAS DECEASED EVER IN U. S. ARMED FORCE		CATHERINE AUGUSTA	Address					
(Yes, no, at unknown) (If yes, give wat or dates of servi	C8.							
	None Hospital Records, Olney, Maryland							
IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY								
MASCATERIC Thrombosis Zwks								
5 /0.2 DUE TO								
Conditions, if ony, which (b)_gove rise to immediate			_					
couse (a), stating the under-	couse (a), stating the <u>under.</u> DUE TO							
lying couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDI			ED TION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
5 PI	Terio scierosi!		YES NO [P					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Port II of	item 18.)					
20c TIME OF INJURY Month, Day, Year Hour a.m. 19		ACE OF INJURY (Home, farm, 20f (City or to	wn) (Caunty) (State					
O Hour a.m. 19	While Not while at wark at work	ctary, street, office bldg., etc.)	1					
21 I certify that (I) (this haspital).		5 5 61 19 to 5	149 1961, that (I) (we) las					
saw the deceased give an	117(.)							
22a SIGNATULE	and indicate	learn occurred drM, from the c	causes and an the date stated above					
Kuhana a	- Yates	M.D PHYS MED STA	AFF SIGNES					
22c. PHYSICIAN'S NAME (Type)	1	22d. ADDRESS	' '/					
R. A. YATES	s M D	OLNEY MARYLANI	<u></u>					
230 BUR AL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town or county) (State)					
Burial 5-22-61	Mt. Carmel	Sunsh	ine, Md.					
24 FLAFRAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REG STRAR	25b REGISTRAR'S SIGNATURE					
Francis K. Usa	Alen Laytonsvil	Te Md DATEAY 25 '61	Calling & House					

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 offer death. Poge 4 may be a been been supported by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pleave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, aremotion, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



FOR STATE HEALTH DEPT.

cessary, please irector. Page ir your files. Board of Mealth,

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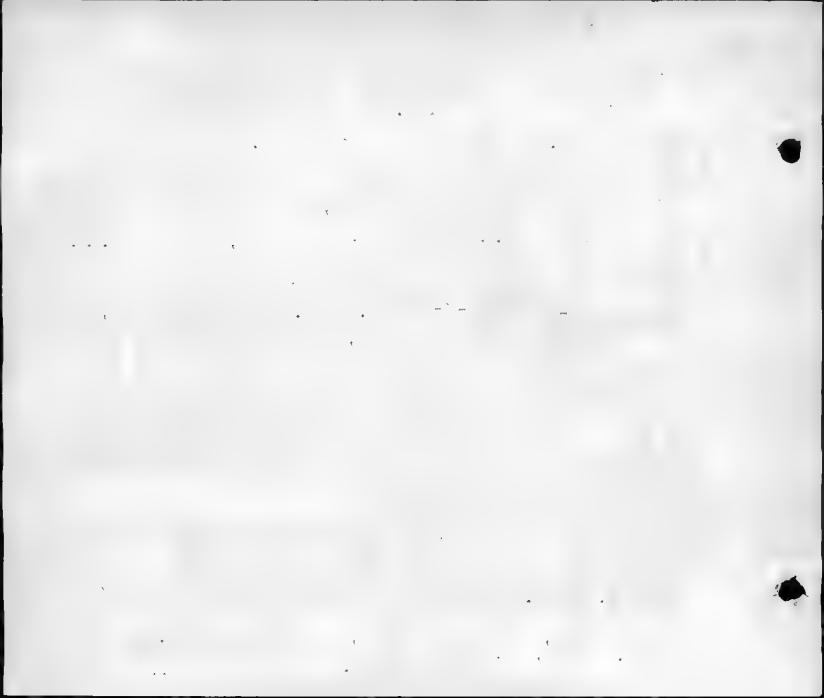
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. U5747

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	Ь	BETHES		rde SUFA:	L Hr				outside corpor	ate limits, writ	RURAL and gr	ve nearest for	wn)
)	ď	NAME OF HOSPITA	L OR INSTITUTION	(If not in has	pital, give street addre	35)	d. STREET	DDRESS					ES DENCE
)		4939 Corde	11 Ave.				929 GI	ST A	VE.		_ 1	YES [NO E
	E	NAME OF DECEASED Type or print) Fer		irst P	Middle	Caye	elli.		4. DATE OF DEATH	MAY	11		eor 9 61
	5. Si	Male	6 COLOR OR RACE White	7 MARRIE	D DIVORCED	_ \	DATE OF BIRTH		9	AGE (In prors [ost b rthdoy] 56 yrs	Months Do		ER 24 14P5 Min
		USUAL OCCUPATION bring most of working Civil Eng	life, even if retired		Engineeri		in l	_	or foreign course	-		S.A.	COUNTRY
	13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
>	15. [Yes.	no, er unknown)	R IN U S ARMED FO	of service 2	social security no 220-32-6779		FORMANT			929 ĞİŞ	t Avenu Spring	Mary	
		7201 Canditions, if an	WAS CAUSED BY: MMEDIATE CAUSE (DUE TO y, which)	o) Co	for (o), (b), and (c).	lusio	n, sudde	en .				NICEVA PETAL ONSET AND DE Budde	ATH
	CERTIFICATION		er SIGNIFICANT CO	NDITIONS CO	ONTR BUTING TO DEAL	IH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE (CONDITION G	IVEN IN PART I		AUTOPSY PRMED?
	CERTIFIC	200 EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	206 DESCRIB	E HOW INJURY OCCU	RRED (Er	ster nature of in	jery m Port	t I or Part II of	fem 18)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Y	White	INJURY OCCURRED e Not while ork of work	20e PLAC focto	E OF INJURY (I ry, street, office	Home, farm bldg., etc.), 20f. (City o	town)	(Count)	r)	(Slote)
					remains describe causes 🏗 Acci	_	_		y 🔲, Ins Hamicide [pection [3]]. Undet	Inquiry ermined ma	2.	d in my
)		ACTUAL SIGNATURE	Trans	1. Br	orchart		M.D.		(AMINER []			DATE S	IGNED
		EXAMINER'S DE	. Frank	. Bros	chart				AL EXAMINER T		5	/11/61	h
	72a	BURIAL CREMATION	226 DATE THERE	EOF	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCATIO	ON (City, fawn,	or county)	[Stote	*)
		Burial FUNERAL DIRECTOR'S Warner E. /	May 15		Gate Of 1			240. REC'I	D BY REGISTRA		Maryl		
		12 ceiferon &	CC 21580		Silver Spri			DATE M	AY 1 7 '6	1 (wither S. 1	Traces	

TO DEPUT DICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delease content of the properties of the followed by the world be founded by the content of the content VS ATSME 5M 2/57

To



MARYLAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whare daceased lived, If institution, Residence before edmission) a. COUNTY a STATE Montgomery Maryland MARYLAND Maryland Montgomery

c C,TY OR TOWN (If outside corporate I m is write RURAL and p va measast lown) b. CITY OR TOWN (if outside corpore a l m ts, C. LENGTH OF STAY IN 16 write RURAL and give neerest town) Silver Spring, Takoma Park. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, ON A FARM? 8504 16th Street, Washington Sanitarium and Hosp. YES NO T 3. NAME OF DECEASED OF DEATH (Typa or print) May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B DATE OF BIRTH 9. AGE [In years I IF UNDER I YEAR lest birthday) WIDOWED [19 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 1 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) none None Maryland America 13. FATHER'S NAME MOTHER'S MAIDEN NAME George Judith Shapiro 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yas, no, or unkown) | (Ifyes give wer or detes of service) father 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [3] 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this hospital) attended the deceased from May 25..., 1961, to... how 26.1, 1961, that (I) (we) last .19.6.1.., and that death occured an EM, from the causes and on the date stated above. 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. MD. 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

Ed a∎d cor carbon physician a Ē cert.ficat Affer I may be retaine DIRECTOR: FUNE \$ 0 to 3 VR A15 (4) 15M 9/60

REMOVAL (Specify)

Cremation

Washington Sanitarium and Hospital, Takoma Park, 25a. REC'D BY REGISTRAR

Hare, M.D. Washington San. & Hospital DATELLIN 6

Cathur & HANGE

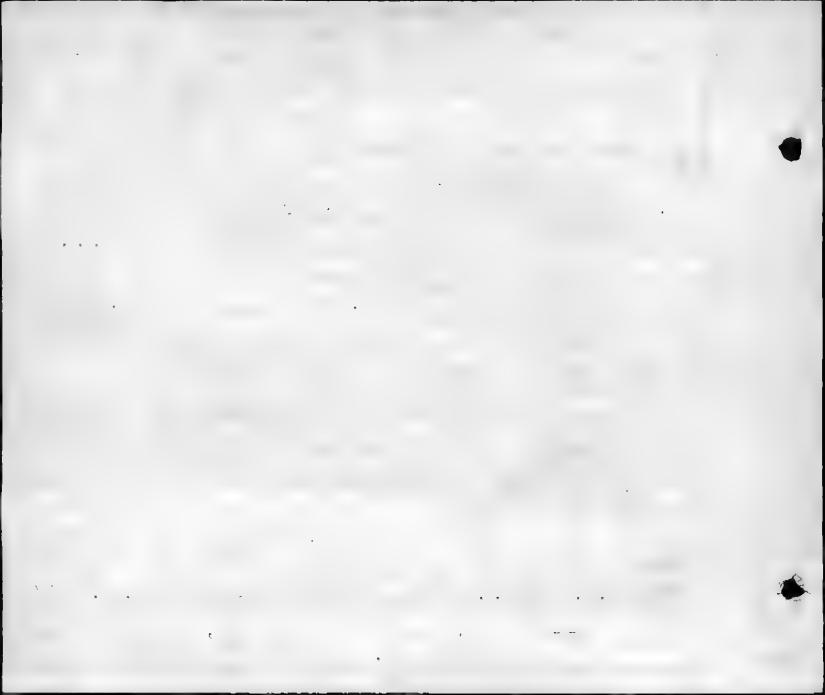


MARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	1:
	•.,		4.	DALIMORE,	

5760 CERTIFICATE OF DEATH

1			1.	5	1	- 0	j	
Reg.	Dist.	No.	U	1.8	6	生	13	ž

	Keg. Dist. No. " & -k. j
1. PLACE OF DEATH 0. COUNTY MONT TO MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
Montgomery MARYLANC 5. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16	Hary Land Honogomery
RURAL and give nearest town)	
Derwood	Derwood
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	W. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO-
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) Mollie Marvelle Child	DEATH May 3 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Female White WIDOWED DIVORCED	March 21.1881 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aden Allnutt	Martha Duvall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117.	INFORMANT Address
no	Mrs. William Childs Derwood, Md.
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occusion Ghrs
6000 DUE TO	1' 7 1' 1 1
Conditions, if any, which	shy herogovascular brown yell
gave rise to immediate cause (a), stating the under-	a dead to the
tying cause last. (c)	Dilolomobykille 13.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO T
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part & ar Part 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. jt. p. m. 19 While at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. ji. p. m. 19 While Not while at work at work	foctory, street, office bldg., etc.)
	1050 - 5/2 - 16/11
21. I certify that I attended the deceased fram.	1991, to 1991, that I last saw the deceased
alive on 19 , and that dea	th occurred a M. A.
ACTUAL	
SIGNATURE	_ M.D
PHYSICIAN'S NAME (Type) C. H. Ligon, M.R.	Medical Center, Sandy Spring, Md. 5/3/61
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Rurial 5-5-61 St. John	Olney, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Janua H. Barber Laytons ville, M.	Id. DATE MAY 8 '61 Chilling S. Thank



RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If another than Residence before admission) e. COUNTY b. COUNTY Montgomery MARYLAND Prince Georges b. CITY OR TOWN (if outs de corporete rimits, c. CITY OR TOWN (If outs'de corporete I mils, write RURAL end give nearest town) c. LENGTH OF STAY N 16 write RURAL and give neerest town) Jessun Takoma Park. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T Washington Sanitarium and Hospital Box 6. 4. DATE DECEASED OF (Type or print) DEATH Christian Jr. IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years HE UNDER 1 YEAR lest birthday) Male White DIVORCED May 28, 196] WIDOWED 10s. USUAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore on country) done during most of working life, even if retired) none Maryland America none 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME Peggy Meade 15. WAS DECEASED EVER N.L.S. ARMED FORCES? 16. SOC AL SECURITY NO 17. INFORMANT Ad dress [Yes, no, or unkown) { (If yes give we rardetes of service) father 1B. CAUSE OF DEATH [Enter only one couse per line for (e) (b,, end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary atelectasis and emphysema IMMEDIATE CAUSE (a) DUE TO Microscopic pulmonary pathology suspected gave rise to immediate cause DUE TO (e), steting the underlying (Microscopics to follow.) PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6)1 19. PERFORMED? NO -20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While at work saw the deceased alive once 22b. DATE 22e. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYS CIAN'S NAME IType Donald Straus, M. 3100 May St., Silver Spring, Meryland (Ster Remaiory 23d, Location (City, fown or county) (Ster 230. BURIAL, CREMATION, 236. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington Sanitarium and Hospital, Takoma Park, Md. Cremation

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATEJUN 1 3 '61

Chilling S. Kraus

Then please certificate ha \$ Q After may be received DIRECTOR: director, page 3 VR A15 (4) 15M 9/60

and 2 death.

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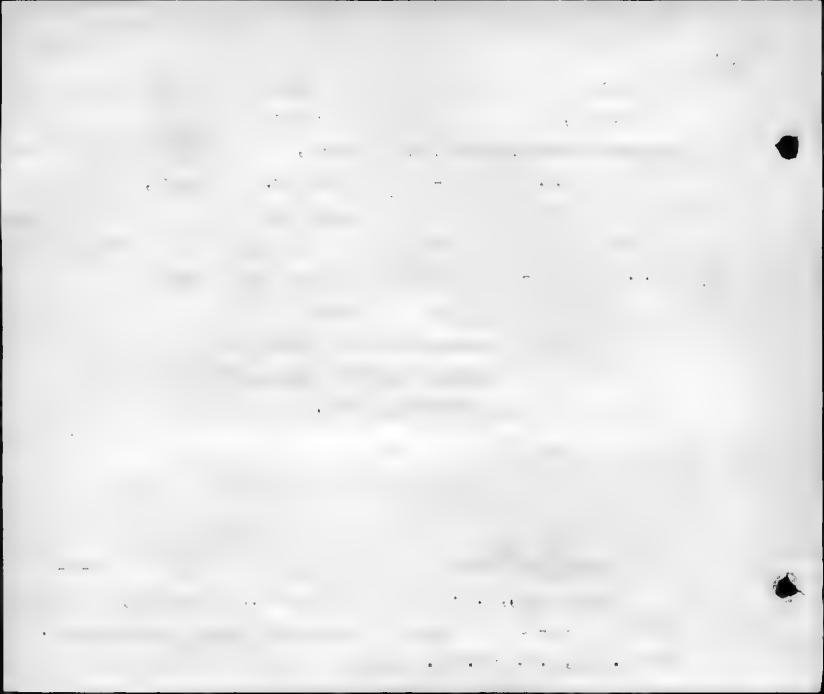
death

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24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Hare, M. D. Wash. San. & Hospital



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Beite ham'ssion e. COUNTY e. STATE b. CITY OR TOWN (if outs'de corporete pris, write RURAL end give nearest town) Maruland Privale George Co. CITY of TOWN (fouts'de corporate limits, write RURAL end give nearest town) MARYLAND Maculand c. LENGTH OF STAY IN 16 W. HyaTTS VII 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street editiess) . IS RESIDENCE ON A FARM? Washington -YES NO completely DECEASED DEATH (Type or print) Michael 19. AGE (In years IF UNDERT YEAR 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. last birthdey) | Months | pue MIDOWED DIVORCED [10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Sisia, or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) . C. Highway Leal 14. MOTHER'S MAIDEN NAME MURGIA 1RENZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ilyes give weror deles of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: Compression BRAIN Conditions, if any, which (a), steting the underlying Suprasellar neoplasu estimated 4 mos Suspected 100 NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm 20f. (City or town) Month, Day, Year (County) 20c. TIME OF INJURY factory, street, office bldg., atc.) _Not While While et work saw the deceased alive on 5/...5 SIGNED PHYS. FUNERAL 22c. PHYS.C AN'S 23a, BURIAL, CREMATION | 23b, DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) O 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60

LAND STATE DEPARTMENT OF HEALTH



_		8 3 6 8		CERTIF	ICATE	OF DE	AIH				Reg. Di	st. No.	45	72 3
1, PL a.	ACE OF DEATH COUNTY MO	NTGOMERY		MARYLA		UAL RESIDEN STATE	ICE (When	e deceased		nstitutio DUNTY	n: Residen	nce befor	e odm sv	lohy !
1	WHEATON			NGTH OF STAY IN		CITY OR TOV			ate limits, v	write RU	RAL and	give ned	rest tawn	1 10
	OR INSTITUTION	ITAL (If not in haspitor, NURSING HOM		(\$)		STREET ADD		STRE	EET, 1	V. W.				DENCE FARM? NO
3. N. DI (T	AME OF ECEASED ype or print)	COL. SAMUE	irst L	Middle FRANC	IS	COHN		OF DEATH	MAY	Mont	, 190	61.		Year
5 SE	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		. 15, I	1894		9. AGE (In last birth 67		Manths	1 YEAR Days	IF UNDE Hours	R 24 HR Min.
•	USUA. OCCUPAT during most of wo Colone ATHER'S NAME	ION (Give kind of work irking life, even if retired	d)	OF BUSINESS OR			ÁSKA	Pola				SA.	WHATC	OUNTR
15. W	MORRT VAS DECEASED EV	S COFIN (ER IN U. S. ARMED FO	RCES? 16. SOCIA	L SECURITY NO.	INFORM	BLUMA				Addre	055			
	YES	1917-1953 EATH [Enfer only one of		(o), (b), and (c),	MRS.	FLORE	NCE C	OHN -	-2800	QUE	BEC S		N. W	
	Canditions, if gave rise to cause (a), stating lying cause last	immediate DUE 10	b) <i>(</i>	refli Réalet	nson	eart La	Si	esea non	ure se	of	o fo	con) sg	az
IT FICATION	20a. ACCIDENT W	THER SIGNIFICANT COL	206. DESCRIBE	HOW INJURY OCC				A. DISEASE			PAR	T 1(0) 1	P. WAS PERFO	NO P
	IF EITHER, NOTIF	10	ear 20d INJURY White I	OCCURRED 2 Nat while	Oe PLACE OF factory, st	INJURY (Honreet, office bl		20f. (City	or lawn)		(County)		{Staf
A	21. I certify to alive an	Fierom JEROME J.	re deceased from 19 C	Lich	leath accu	rred at 3	(A)		the cause reet, city or C_STR	es and lawn, s	ntale) N • W	e date	stated	
220.	BURIAL, CREMATI REMOVAL (Specific BURIAL) UNERAL DIRECTO	ON. 226. DATE THERE	OF 72c Al	NAME OF CEMETE RLINGTON ADDRESS		AL CEM	2	2d LOCAT	ION (City,	tawn, a			(Stat	e)
В	ERNARD D	ANZANSKY &	SONS -3	01 14th	St.	NU D	ATELAY	3 1 161		ani	hur S.	Kraus	L	

by the funeral director, fter death. Page 4 and completely filled in by gnd TO HOSPILY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his may be referred by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye, each papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hayrs after death

VS A15 (4) 15M 9/5B



FOR STATE HEALTH DEPT

5764

TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any try is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. Tile pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

45750

	and the later had		Influence of the same of the s			——————————————————————————————————————
٠	1. PLACE OF DEATH					nstitutioni Residence before editission)
	Montgomery		MARYLAND	a. STATE District	of Columbia	TY /
	b. CITY OR TOWN (IF	outs de corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	RURAL end give nearest town)
	A.	give nearest town)	DO#	Tin -h dan u.h .	_	447 X - 5
J. 19	Bethesda () d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
4	U. S. Nava	l Hospital		4431 35th	Street, N. W.	YES NO
	3. NAME OF DECEASED	First	M ddle	Last	4. DATE Month	Day Year
	(Type or print)	Earl	Walter	СООК	DEATH May	29 19 61
	5. SEX			DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	Caucasian WIDO		1-29-88	iast birthday) 73 yrs.	Months Days Hours Min.
			. KIND OF BUSINESS OR INDUSTR			1 12. CITIZEN OF WHAT COUNTRY?
	done during most of work	ing life, even if retired)				
	Mariner 13. FATHER'S NAME		U. S. Navy	Washing 14. MOTHER'S MAIDEN	ton, D. C.	U.S.A.
	Vincent R.	COOK		Mollie BR	OWN	
	15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	Yes	(959, ye war or dates of service)	. (W)	() Mrs. Mert	ie I. Cook, sar	ne as #2 above
	18. CAUSE OF DE	ATH [Enter only one cause p				1 INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY. And	teriosclerotic He	eart Disease	4	ONSET AND DEATH Unknown
	- 4 1/4		ACT TODGEOLOGIC TO	Lar o Diboabe	F % PAY	Ottenown
	100	O DUE TO				
	Conditions, if eny,					
-	(a), stating the uni	No. Inches Total				Į.
	cause lest.) (c)	We A Part			
	PART II, OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY
-	Š					YES X NO
	PART II. OTHER :	JSE WAS 20b. DE	SCRIBE HOW INJURY OCCURED. (E	nter nature of Injury In Pa	rt I or Part (I of ilem 18.)	
	PRIMARY OF CON	TRIBUTING [
			od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fare	m. 20f. (Clbv or lown)	(County) (State)
	ZOC. TIME OF INJUR	W	hileNot While fects	ory, street, office bldg., etc		(31816)
			work at work			
			remains described above, he	ld an Autopsy X	Inspection, Inquir	y, and in my opinion
	death resulted fro	om: Natural causes	X, Accident . Suici	de . Homicide	. Undetermined ma	enner
		1	0	CHIEF MEDICAL	EXAMINER	
ε	ACTUAL SIGNATURE	Traud for	1 Irm hart	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
	EXAMINER'S				L EXAMINER	5-29-61
	NAME (Type)		SCHART, M. D.		city, town, or county)	
	22a. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, fown,	or country) (State)
	Burial	6-2-61	Arlington Nati	onal	Arlington	Virginia
	23. FUNERAL DIRECTOR	2/ 1/2/	ADDRESS ADDRESS	24a, REC	C'D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE
	W.W.Chambers	CO. 3072 M S	t., NW, Washington	D.C. DATHU	N 1 '61 and	Ing S. Kines
			Intra time maked by			



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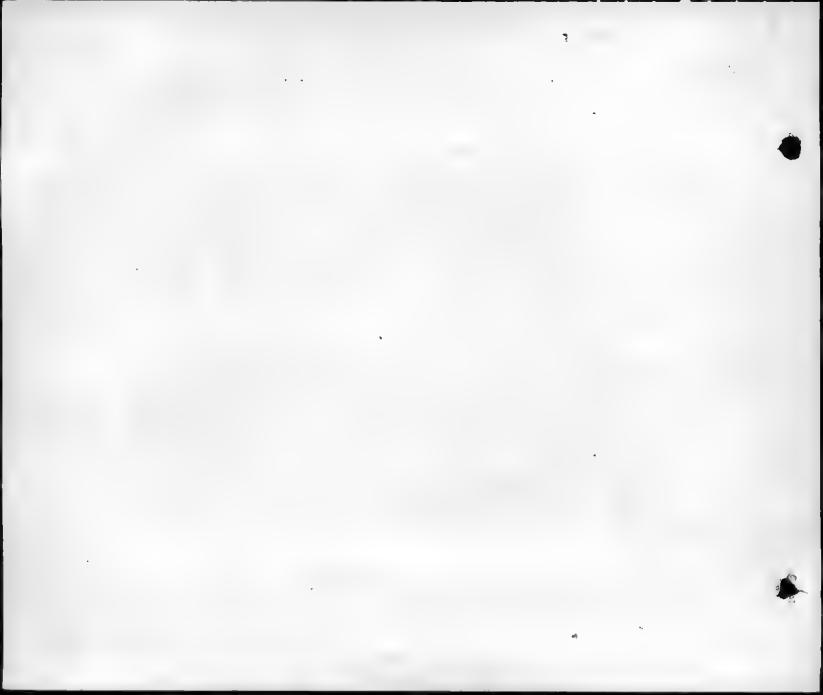
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

•						-			***		_			
	(CE	R	TI	FI	C	A	TE	0	F	D	EΑ	v	Н

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)		LACE OF DEATH , COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
7		Mont comery	MARYLAND	D.C.
	Ь	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
		RURAL and give nearest town) Bethesda	3.00	Washington
ď.	- 0	NAME OF HOSPITAL (If not in haspital, give street	address) days	d. STREET ADDRESS e. IS RESIDENCE
f		OR INSTITUTION		4120 Military Road, N ti YES NO
		Suburban Hos	A STATE OF THE STA	
		tame of First	Middle	Last 4. DATE Manth Day Year
	(Type or print) Mae	G	Corey DEATH May 1 1961
	5. 5	EX 6. COLOR OR RACE 7 MARS	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost by thday) Months Days Hours Min,
		T W WIDOW	ED DIVORCED	6/24/7/ 89 yrs morning buys Hours min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY
		during most of working life, even if retired)	il.	The is way is
	12	FATHER'S NAME 1		14. MOTHER'S MAIDEN NAME
\	13.	00	- a a a a k	La la constant de la
)		your 11	very	relecte Machinesson
		WAS DECEASED EVER IN U. S. ARMED FORCES? 116.	SOCIAL SECURITY NO 17, II	Address Address
		w	none	Dring m. I wellar
		18. CAUSE OF DEATH Enter only one cause per li	ne_far (a), (b), and (c)]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	oht housing	gia with anhasia scuere 12 days
		3 3 (MMEDIATE CAUSE (a) 1/1	9111-116mp16	gia with appasia, severe 12 days
		DUE TO	4	· · · · · · · · · · · · · · · · · · ·
		Conditions, if any, which gave rise to immediate	Jerio Sciero	SIS, generalised, advanced loyrst
		cause (a), stating the under DUE TO	1211	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		lying cause last.	55ch/101/	yper /ension, mod severe 16 11151
	ŏ	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	(AT)	Months or		YES NO
	JE I	20g. ACCIDENT WAS UNDERLYING 1 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part 1) of item 18)
	CERT	200. ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING 5-CAUSE-OF-DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- Andrews	
			NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stat
	MEDICAL	Hour a.m. While	-3	clary, street, affice bldg., etc.)
	ME	p. m 19 at war	rk at work	
		21 I certify that (1) (this haspital) attend	ded the deceased from	1946, to May 1, 1961, that (1) (we) la
		saw the deceased alive an Apr. 2.	4 . 1	death accurred at AM, from the causes and on the date stated above
		22a SIGNATURE	e /	22b DATE
g		Alexand Class	/A	M D PHYS MED STAFF DIRECTOR PHYS D
/		22c. PHYSICIAN'S	7	
		NAME (Type) STEWALT	Clans	4746 Cheuy Chase Dr. Cheuy Chase
			Chapp	134-4-1
	23a	BUT AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETRY	R CREMATORY 23d 109AHON (City, town, or county) (State)
in.	/	Jun 5/3/L1	Tan Zin	waln com / Warushang 10 Mis
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ATICA	20 ca Ge LIL 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
		CKING Church Fr. und	fine noods	te DATE MAY 4 '61 arthur & through

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5766 **CERTIFICATE OF DEATH**

Reg. Dist. No. 15754

g. COUNTY		2. USUAL RESIDENCE (W		on: Residence before admission)
Montgomery	MARYLAND	Maryla	nd b. counn	Montgomery
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16		outside carporate limits, write	
d. NAME OF HOSPITAL (If not in haspital, give street	address)	POCKVILLO d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION Suburban Hospital		Stoney Creek	Road	ON A FARM? YES NOTE
3. NAME OF First	Middle	Last	4. DATE Mo	nth Day Year
(Type or print) ROBERT E.	CORNTELL		OF	.1961 19
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	
Male White widow		12/23/83	lost birthday) 77 yrs	Months Days Hours Min
19a. USUA. OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY
and of working the, even it retired)	almos	Virgini	a	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		00
George W. Cornwell		Sara Ann	Kidwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		tress.
(If yes, give wor or dotes of service)	20-09-8113 E	. L. Cornwell	306 W. Edmon	
			Rockville,	
18. CAUSE OF DEATH [Enter only one couse per ii PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	occur orea	25true	rely	ONSET AND DEATH
15/X DUE TO				
Conditions, if ony, which) (b)				
gave rise to immediate cause (a), stoting the under DUE TO				
lying couse lost. (c)				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
Ĭ.				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	C (Enter nature of injury in	Port I or Port II of Item 18.)	IES [] NO [8
	HUMAN D.CC 1888D 20 B	I CE OF INTERVALLE	land that	
20c. TIME OF INJJRY Month, Doy, Year 20d. I Hour o m. While p.m. 19	Not white for	ACE OF INJURY (Home, forn story, street, office bldg., etc	s, 20f (City or town)	(County) (State
21. I certify that I attended the deceas	ed from	1961 to	5/20 106	that I last saw the decease
alive an 571.9 196		2356		and an the date stated above
	, und mai deam		_M, from the couses ar ADDRESS_[Street, city or_lown,	
ACTUAL ///NG	1. \	9.70	2.0	
SIGNATURE	u	M.D.	elocing 107.	5/20/61
PHYSICIAN'S ABRAHAM (VDANISH	92-2-4	Silve	r Spring, Md.
220. BUR AL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City town,	
BULLIA (Specify) 5/23/61	Forest Oak		Gaithersburg	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24c PFC*		STRAR'S SIGNATURE
Tyson Wheeler Funeral Home	-1331 E. Montg	AVE.		
	ville.Md.	DATE M	AY 23'61 L	amos & these

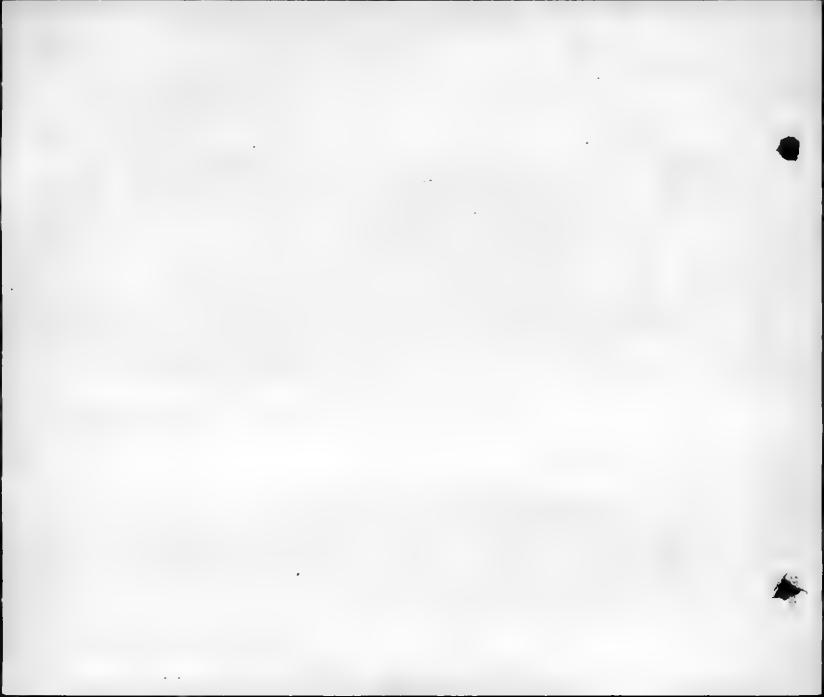
VS A1S (4) 1SM 9/SB



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5767 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MONTGO MERY MARYLAND b CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town DILVEI d. NAME OF HOSPTAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NORLEL YES NO T 3. NAME OF First Middle 4. DATE Month Year DECEASED Cozich (Type or print) DEATH Man 19 61 9 AGE (In years last birthday) S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH Days Months WIDOWED A DIVORCED 10a. USLAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USSIA QUISECULTE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOW IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediale **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS) PERFORMED? YES NO ONE 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (Cily or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram James 1950 to May 5 1961, that I last saw the deceased , and that death accurred at 1:2012-M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 220 BURIAL, CREMATION, 226 DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d ±OOATION (City, town, or county) (Slote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4)

15M 10/57



AND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY MARYLAND b. C TY OR TOWN (if culsida corporala l'mils, c. LENGTH OF STAY IN 16 write RURAL and mive nearest town! 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite., g ve street address) 3. NAME OF DECEASED (Type or print) NEVER MARRIED WIDOWED TX DIVORCED 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if relired) 720026 13. FATHER'S NAME ō 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or deles of service) 18. CAUSE OF DEATH If rier only one cause per line for la PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, deny, which geve risa to immediata causa DUE TO (e), stating the underlying causa last. 2Da. ACCIDENT WAS UNDERLY NG _____ 2Db. DESCRIBE MOW INJURY OCCURED. [Enter neture of injury in Peri I or Part II of item 18.] OR CONTRIBUTING ____ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Yeer Not While While Hour e.m. et work et work p.m saw the deseased alive on....; 22a SIGNAJUR 22c. PHYSICIAN S NAME (Type) MICHEL M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burnal (Specify) 音品 5-16-61 0

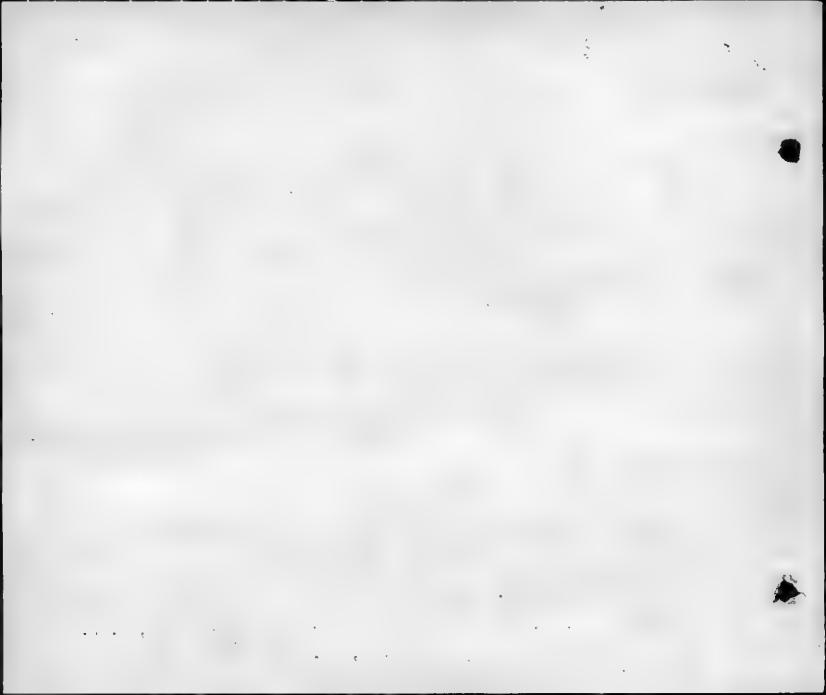
24 EUNERAL DRECTOR'S SIGNATURES

VR A15 (4) 15M 9/80

b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ON A FARM? YES NO OF DEATH B. DATE AGE IN Years , IN UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months Hours 12. CITIZEN OF WHAT COUNTRY? PLACE (County & State, or foreign country) 14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(1), 19, WAS AUTOPSY PERFORMED? NO X 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) , and that death occured at. ./.L./.M., from the dauses and on the date stated above. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D 22d, ADDRE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stala) Rock Creek Cemetery REGISTRAR 25b. REGISTRAR'S SIGNATURE

ON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE, Where decessed lived, if institutions Residence before edmiss on



Montgomery

Deys

U.S.

S. Maplewood

(County)

e. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS

Hours

ONSET AND DEAT

PERFORMED? NO F

(Stete)

1 12. CITIZEN OF WHAT COUNTRY?

Yaer

15M 9/60



Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S PLACE OF DEATH director, Page for your files, oard of Health, e. COUNTY MARYLAND b. CITY OR TOWN (if ourside corporate I mils, c. LENGTH OF STAY IN 15 write RURAL and g've Kearest town for your d. NAME OF HOSPITAL OR INSTITUTION (if not to hospital, give street eddress, ive Pages 1,2, and 3 to the funeral distribution PAM3. Page 5 may be retained for le pages 1 and 2 with the State Boar Aurithin 72 hours after death. 3. NAME OF Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY "in pencil in frem 18. Give Pages 1,2 Office along with form PM3. Page burial-transit permit. File pages 1 and oval, and in any event-within 72 done during most of working life, even if patired) 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) , (Ifyesgive werprdeles of service) Stigikt What 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if eny, which "panding" geve rise to immediate cause (13) Examiner's DUE TO (a), steting the underlying 50 ceuse lest, nsed cremation, CERTIFICATION Word R Medical pluods 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING age 3 short to burial, CAUSE OF DEATH. execute the certificate, writing Chief age 3 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Hour a.m. Not While should be forwarded to the FUNERAL DIRECTOR: Pe et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🗸 Natural causes Accident death resulted from. Suicide Homicide CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER SIGNATURE: DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, lown, or county) DEF **Base** 226. BURIAL, CREMATION I 226. 224. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) Arlington, Va. 240 g CLORE 1 1/240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME MAY 29 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) c. CITY OR TOWN (If outs de corporete lymits, write RURAL and give nearest town) e. IS RES DENCE ON A FARM? I YES NO AGE (In Seas IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdify) Months Days 12, CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0. 19, WAS AUTOPSY PERFORMED? NO P20b/ PESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of I rem 18.) 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State Inquiry | and in my opinion Undetermined manner

DATE SIGNED



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence befor edmission) a. COUNTY b. COUNTY Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, by tand c. LENGTH OF STAY IN 16 g. CITY OR TOWN (if outs'de corporate limits, write RURAL and give neeres lown) write RURAL and give neerest town) Chevy Chase
d. NAME OF HOSPITAL OR INSTITUTION (Final in hospital, give street eddress) Chevy Chase filled ir Pages urs afte d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5300 Sherrill Avenue 5300 I YES NO X Sherrill 3. NAME OF 4. DATE DECERSED (Type or print) DEATH May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 79 yrs. 6 12 WIDOWED X D VORCED Female 1881 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. "STHPLACE County & Stet", or foreign country) 12 CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) (Housewife Washington, D. C. in please in and 13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME Thomas D. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Ida Wood removal, (Yes, no, or unkown) (If yes give were redetes of service) June C. Dowdall-daughter-same 2d None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Metastatic Carcuciua IMMEDIATE CAUSE (e) H we DUE TO Grimany Cauca of Stowach Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stelling the underlying and by the hospital or an all all a services has the services as the beat detached for use as the beat all a services to burial PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Arteriosciciotic Cardio vanimon Dissono NO X 208 ACC DENT WAS UNDERLYING [] 206. DESCRIBE HOW INLURY OCCURED, (Enter nature of injury in Pert I or Pert II of Jerm 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jerm, 20f. (City or town) (County) (State) While _Not While fectory, street, office bldg., etc.) et work et work 21. I certify that (I) (this hospital) attended the deceased from SQLL Lx ..., 1960 to May it ..., 1961 that (II) (we) last 22b. DATE ATTENDING SIGNED M.D. PHYS. DIRECTOR PHYS. FUN AL ector, page 3 filed with th 22c. PHYSICIAN'S 122d. ADDRESS NAME (Type JOHN T. EWAN- M.D 23e. BURIAL, CREMATION | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) REMOVAL (Specify) A FO F Arlington Nat. Cem Burlal Arlington, Virginia 24 FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Robert A. Pumphrey Bethesda, Maryland DATE MAY 5 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

5772 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	5	15	10	1	4
1.2	2 1	Æ	En	1	а

		GEITH 107						1_4 h 11
1. PLACE OF DEATH 6. COUNTY Montgomery		MARYLAND	2. USUAL RESIDEN Q. STATE Virgini			If astitution. COUNTY	Residence be	afore admission)
b CITY OR TOWN (if outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c CITY OR TOV	WN (If outsid	ie corporate lim	its, write RUR	AL ond give r	nearest town)
Belthesda	,	24 days	Alexand	dria		*	, ,	
d. NAME OF HOSPITAL (If no OR INSTITUTION	at in haspital, give stree	t address)	d. STREET ADD	RESS				e. IS RESIDENCE ON A FARM?
	enter, Betl	hesda 14, Md.	10 Chir	iquapi:	n Drive			YES NO
3 NAME OF DECEASED	First	Middle	Last	4.	DATE	Month		Day Year
(Type or print)	Beulah	May	Davie		DEATH	May	1	.1 1961
S SEX 6 CO	LOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE		Manths Day	AR IF UNDER 24 HRS. S Hours Min
Female W	hite wipov	VED DIVORCED	September	19,		O yrs	Palinis Day	s nours with
10a USUAL OCCUPATION (Give during most of working life,	kind of work dane 10t	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLAC	E (State or fo	preign country)		12. CITIZEN	OF WHAT COUNTRY
Housewife		None	Vi	irgini	a		U.	S.A.
13 FATHER'S NAME			14 MOTHER'S MA	AIDEN NAME				
John W. Holsi				Mason				
15, WAS DECEASED EVER IN U. (Yes no, or unknown) (If yes, giv	re war or dates of service)		NFORMANT The					
No	<u>Ur</u>	nascertainable	The Clinic	cal Cer	nter, B	ethesd	a 14,	Maryland
PART I. DEATH WAS	CAUSED BY: ACT	te Myocardial pertensive CVD yasthenia Grav)				0	Tears
-	RLYING FT 206. DE	CONTRIBUTING TO DEATH BU					IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Man	th, Day, Year 20d Whi.	-3 8	LACE OF INJURY (Hor actory street, office bl		Of (City or tow	n]	(Count	ty) (State
21. I certify that (I) (I saw the deceased ali 220. SIGNATURE	his hospital) after ve an May 1.	ided the deceased fram	M.D ATTENDING PHYS. 22d ADDRESS	MED: 2507 MED: CI	or STAN	ouses and	on the do 5-12-61 r, Na	22b DATE
230. BURIA., CREMATION, 23b	DATE THEREOF	23c. NAME OF CEMETERY O			LOCATION (C			(State)
REMOVAL (Specify) Ma	y 15,1961	Mount Comfor	t		Fairfax			ginia
24 FUNERAL DIRECTOR'S SIGNA				So REC'D BY			RAR'S SIGNA	
a. Beurly m	reent cartle	Alexandri		ATE MAY	1.5 '61	-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to after death. Page 4 may be to be death or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

after death. Page 4

VR A1S (4) 1SM 9/59



TO HOSP TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executer hin 24 hours after death.

§ 4 may be retained by the hospital or attending physician.

IO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and committeely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

				W. W		00.00
		CE OF DEATH	2	. USUAL RESIDENCI	(Where decaesed fived, if institution	Residence before admission)
И		ontgomery	MARYLAND	District of	f Columbia COUNTY	
1	b. C	TY OR TOWN (if outside corporate lim Is, c. LEN	TH OF STAY IN 16		outs da corporata limifs, writa RURAL	and give naerast town)
		write RURAL and give nearest town! ethesda (Rural)	days	Washington		1. , >
		AME OF HOSPITAL OR INSTITUTION (if not in hospital, giv		d. STREET ADDRESS		. IS RESIDENCE
1		. S. Naval Hospital		3313 16th	Street, N. W.	YES TO NO IX
W	3, NA	-	Middla		DATE Month	Day Yaar
		EASED			OF	
	5. SEX	THOMES	Louis	DEGNAN ATE OF BIRTH	9. AGE (În yaars HF UNDE	16 19 61 R1 YEAR, IF UNDER 24 HRS.
		6. COLOR OR RACE 7. MARRIED K NE			last birthday Months	
	Mal		DIVORCED [6-5-94	DD Att	1
	dona di	uring most of working life, even if relired)	USINESS OR INDUSTRY	II BI THPLACE (County	& State or foreign country: 12. (ITIZEN OF WHAT COUNTRY?
			ne Comm.	Pennsy.		USA
1	13. FAI	HER'S NAME	14	. MOTHER'S MAIDEN NA	AME	
		omas Degnan		Mary O'Brien	1	
	15. WA	S DECEASED EVER IN U.S ARMED FORCES? 16. SOCIA., or unknown) (Ifyasgiva war or datas of service)	SECURITY NO. 17 INF	ORMANT	Addrass	M
	Ye		24-/707(B) G	eo. Degnan,	3513 S St., NW, Wa	shDC
	18.	CAUSE OF DEATH [Entar on,y one cause per line for (a	, (b], and (c)			INTERVAL BETWEEN ONSET AND DEATH
		PART . DEATH WAS CAUSED BY:	ama tone	alle with	P metastasis	2 /2 405
	1	1 1 1 D DUE TO	, -,,,	700000	17721-0127-0	212911
	Col	nditions, if any, which (b)				
	gav	re rise to immediate causa				_
	1 1	no lost				
	1	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA	RT lin): 19. WAS AUTOPSY
	CERTIFICATION 40 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					PERFORMED?
•	DE 200	ACCIDENT WAS UNDERLYING 11 206, DESCRIBE HO	M MILIBA UCCTIBED TE	ntar natura of intury in Pai	et Lox Part II of Jam 18 l	AE2 Mo
	OR OR	CONTRIBUTING CAUSE OF DEATH	W MORT OCCURED. (E	nai naista ul intuty in rai	is to cractit of team to.;	
	'			ar house as	Day 16 .	
	WEDICAL		While factory,	OF INJURY (Homa, farm, straet, offica bldg., atc.)	ZUr. (Ciry or town	ounty) (State)
	🔻	p.m. 19 at work et	work			
	21,	1 certify that (k (this hospital) attended the	deceased fromA	pril 10	61 10 May 16 1	9. 61 , that (% (we) last
	şav	the deceased alive on May 161	9. 61 , and that de	ath occured a	.M. from the causes and or	the date stated above
	22a	SIGNATURE		ATTENDING ME	D. STAFF	22b. DATE SIGNED
		1. ZXI duy lor	M.D.	PHYS. DIR	ECTOR PHYS.	5-16-61
	22c	PHYSICIAN'S NAME (Typa) THE THE THE TYPE AT		22d. ADDRESS		
	1 1	T. E. TAYLOR, LT, M	C, USN	U. S. Nave	al Hospital, Beth	esda, Md.
		OVAL ISpaniful	AME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, fown or co.	inty) (Stata)
			rlington Nat	ional	Arlington	Virginia
	24 FUN	ERAL DIRECTOR'S SIGNATURE 21, Won Do	TO Wash	DC 25a. REC'D	BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	DeV	ol Funeral Home, 2224 Wiscon	nsin Ave., NW	DATE	Al 10 01	aport 6
	-				w	_



TO HOSPIT

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05762 Reg. Dist. No.

П	1. PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
	Janaam PWI MARYLAND	O. STATE MA B COUNTY MANTGOMERY
	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b RURK and give neorest count)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	GIEN 6010 16 48010	Then ficho 5
	d. NAME OF HOSPITAL (If not in hospital, give street ddd ens) OR INSTITUTION	d STREET ADDRESS ON A FARM?
	11 Yassan Cinble	11 VASSAR CIRCLE VES NO
Ī	3. NAME OF DECEASED FIFE First Middle H	, clost 4. DATE Month Day Year
	(Type or print) ATTORA JAMES 1816	20/15 DEATH MAY 18 1961
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS los) birthdoy) Months Days Hours Min
	WIDOWED DIVORCED	ADN 25 1999 62 yrs Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTR during most of seprengial free free free free free free free fre	Y 11. BIRTHPLACE, (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Barner DARGER Shop Iluly		
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Crioveni Mejaolis	Louisa Don beno
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Ven. no., or unknofm) (If yes, give wor or defet of service)		
	NO 378,616648	ACUIS HELADIIS IIVASSAMERIYARAKA MA
-	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MPTES/AIC 4	MANGINOMA GMOL
	DUE TO DO CONTRACTOR C	ama ama
1	Conditions, if ony, which by Conditions, if ony, which gove rise to immediate	19 Peas. 7 Mer
	cause (a), slating the under. DUE TO	
Iying cause lost (c) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C		
		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port t or Port II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH		teries moure or injury in root to root a or terit to.)
		E OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	p. m. 19 of wark of wark	
	21. I certify that Lattended the deceased from 1119 3	1, 19 CD to MUV 18, 1961, that I last saw the deceased
		ccurred at 2/3 A. From the causes and on the date stated above.
		ADDRESS (Street, city or lown, state)
	SIGNATURE COOPERATE M.I.	o. 1818 Well HOUSE UN WASHER
PHYSICIAN'S FOIF QUAYLE MIT		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)		
Burial" may 22, 1961 National memorial Park Falls 6 hurch, Va.		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. DC 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE		
	24, Wow, WE VOL-2224-WW	Que DATE MAY 23 '61 strong & Trough



VS A15 (4) 15M 9/55

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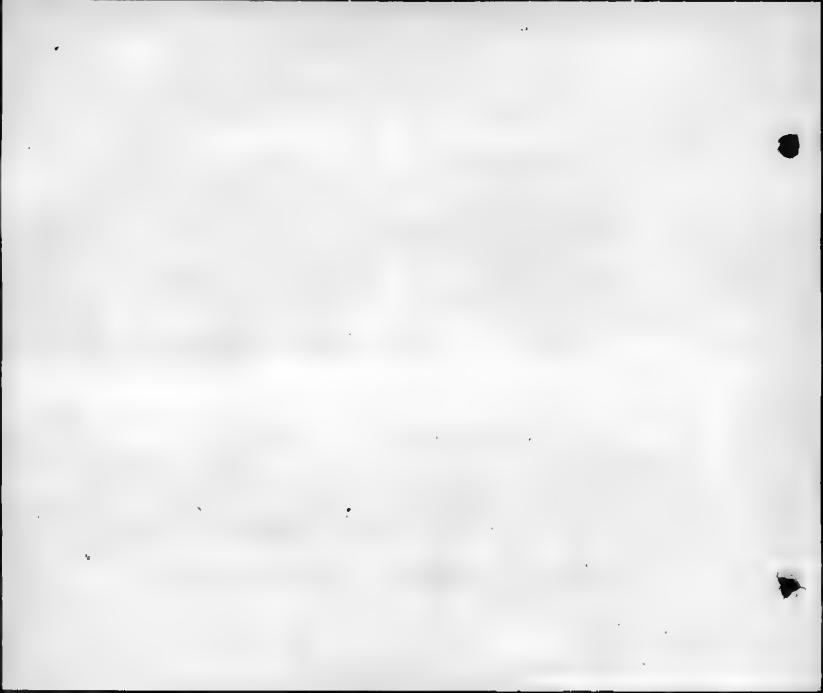
VR A15 (4) 15M 9/80

PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEAR CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before adm axion) a. COUNTY MONIGOMER PRINCE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs'de corporata limits, write RURAL and g've nearest lowr) A c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF 1961 (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS. 5. 5EX 6. COLOR OR RAICE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months Hours WIDOWED D DIVORCED [10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) 13. FATHER'S NAME UNKnow. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes givewar or dates of service) fB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest. BUTING TO DEATH PART II. OTHER S GNIFICANT CONDITIONS CON PERFORMED? NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 1 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, office bldg., atc.) Not While While at work al work p.m. 10..... 196. ..., and that death occured at 7.55 P.M., from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE ATTENDING STAFF SIGNED MED. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 236. BURIAL, CREMATION, 236 CEMETERY, OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR | 256, REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved 11 institution; Residence before admission) a. COUNTY the d 2 MARYLAND death and b. CITY OR TOWN/lif outside corporate .. mits, OR TOWN (I ouls'de corporate limits, write RURAL and give pearest iown) c LENGTH OF STAY IN 15 ģ .5 1 Pages ed ON A FARM? YES NO Y 3. NAME OF Middle DECEASED OF (Type or print) DEATH IF UNDER 24 HRS. 5. SEX AGE (In yeers | IF JNDER 1 YEAR 7. MARRIED X Jost birthdey) Months | Days Ноиги WIDOWED physician 10e. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? 105, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME aftending WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise lo Immed ete ceusa DUE TO (e), steting the underlying PART II, OTHER SIGN, F, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in uny in Part I or Part I of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work el work f......, 19 6, f., that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from, and that death occured at 2.2 M, from the causes and on the date stated above. saw the deceased alive on...... DIRE 22b DATE 22a. SIGNATURE **ATTENDINGS** SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, Peli 238. BURIAL, CREMATION, OF CEMETERY OR CREMATORY 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Thous 15M 9/III U.W DATE MAY 3



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
CERTIFICATE OF DEATH	u576;
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une fune shou		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 6. COUNTY. 6. STATE 7. B. COUNTY. 7. 1
2 2 to 1		MARYLAND MARYLAND Maryland Montgomery -
y y but	M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
2 = 2		La Koma tark 13 days Takoma raik, Illd. 16-
lled ages s af		d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address d. STREET ADDRESS ON A FARM?
it y		Washington Don't Hosp 1804 Lockney HUE. YES NO. NO.
letel pers		3. NAME OF First Middle Lasi 4. DATE Month Day Yeer DECEASED
E E		(Type or print) Louis Michael Donsel DEATH 5 4 1961
e op de e		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
Carl Carl	7)	Male WILL te WIDOWED DIVORCED N 8-8-11 8/ YO.
icat ian		Too. USJAL OCCUPATION (Give kind of work 10b, KIND OF BJSINESS OR NDJSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
ertifi nysie		Bicker (Kethred) - Bakery U.S.C. U.S.C.
in a		13. FATHER'S NAME
dead		Michael attorich Catherine (unknow)
the steen	1	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, go/or unkown) (Ifyesgive werordeles of service) = 700 00 07/15
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ian.		INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ysic ysic ad t ad t		PARTI DEATH WAS CAUSED BY: Micute Kulmonary Edma 3 him.
red ign ign rion		DUETO M. a / 1 dr //
law ding an s en s ema		[Conditions, if any, which] (b) My Candial Lin Sufficiency
The tree to the cr		geve rise to immediate cause (e), stating the underlying DUETO PAND DO
r at has be be		couse lost. (c) Uld Cornary all electsine will 7 chippiosclerosis
IAN al o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a 19. WAS AUTOPSY PERFORMED)
Spit rific se a		Supra Public Prostatectomor 5-3-6/ YES NO
pri pri	Steel .	206. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of them 18 'OR CONTRIBUTING II CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
a tit be		G (IF EITHER, NOTIFY MEDICAL EXAMINER)
d by After		The state of the s
A det		Hour a.m. p.m. While Not While ractory, street, office blogs, etc.)
SEC 29		21. I certify that (i) (the last attended the deceased from Curry 1709. 6 to) 10
EC Suld		saw the deceased alive on 11. 19
OR OR		228. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DATE SIGNED
14 1 0 m		22c. PHYSICIAN S DIRECTOR PHYS. 5-4-4
Pag div		NAME (TYPOT) ALL FANET 6727-16/2 St, N.W. WASHID-
Dor,		238, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county)
Heath irec	(Burial May 8,1961 Fort Lincoln Cemetery Prince George County Md.
Per de	*	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR S SIGNATURE
VR A15 (4) 15M 9/60	26	Warner & Pumphrey Inc. Silver Spring Md.
		Raymond a Ziska DATE MAY 9 '61 Chilbur & Thous



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necessary director. Page e. COUNTY e. STATE MARYLAND (if outside corporeta limits, c. LENGTH OF STAY IN 15 (foulside corporate limits, write RURAL and give neefest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) . IS RESIDENCE ON A FARM? æ YES NO SC 3. NAME OF DECEASED the (Type or print) DEATH 5 may be a 2 with hours after 5. SEX 9. AGE (In years' IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey Months DIVORCED 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? down duping most of working life, even if retired) PM3. P. housewas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .Unknown Clark Richmond Va Margar.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret Unknown Unknown Address Item 18. with for permit. 1 (Yes, no, or unkown) | (If yes give we ror deles of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO 2 0 gave rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION should be tial, crematic PERFORMED? NO Z 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part f or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. writing I a Chief A Page 3 s to buria 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! 20f. (City or lown) (County) (Stelle) Not While factory, street, office bldg., etc.) While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 0 Inquiry X and in my opinion forwarded to IL DIRECTO death resulted from. Natural causes Suicide Accident I Homicide 1 Undetermined manner [CHIEF MEDICAL EXAMINER ecute the ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . DEPUTY MEDICAL EXAMINER NAME (Type) Address (Sireet, city, town, or county) 270. BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) A REMOVAL (Specify) Z40 9 Burial-Transit May 26, 1961 West Laurel Hills Cemetery Montgomery County Philadelphia Warner E. Pumphrey, Inc. 8434 Georgia Avenue VS. ATSME 5M 9/60 Harmond Silver Spring, Md. Chithur & House

NARYLAND STATE DEPARTMENT OF HEALTH



ILOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

VR A1S (4) 15M H/SP

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5780

24 FUNERAL DIRECTOR'S SIGNATURE Survelin Rockville, Mi.

CERTIFICATE OF DEATH

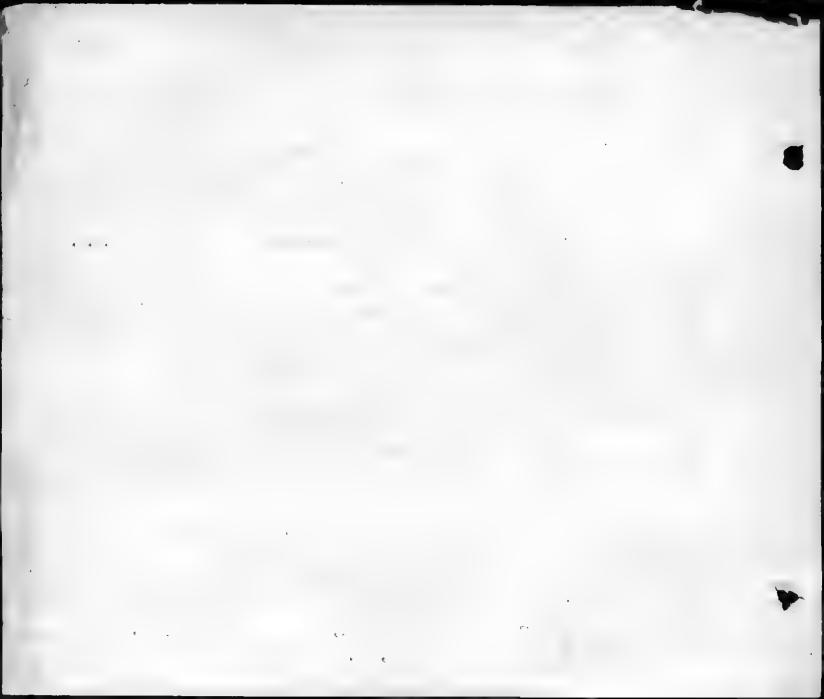
L	5 8	780		CERTIFIC	ATE OF DEATH		05767
1	PLACE OF DEATH	·mont	- gomes	MARYLAN	o STATE	ere deceased lived. If institutio b. COUNTY	n Residence before admission)
	CITY OR TOWN	neorest town)	~	LENGTH OF STAY IN 1	6806	utside corporate limits, write RL	ks Rd
	d NAME OF HOSP OR INSTITUTION	7 Locks	ral, give street add	dress;	d STREET ADDRESS	John	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)		Pola	Ella	20 ve	4. DATE Monti	Day Year 13 196/
5	SEX	6 COLOR OR RA	VIDOWED	DIVORCED	Date OF BIRTH	894 PAGE years look tyndoy) yrs	Months Doys Hours Min
10	during most of wo	ION (Give kind of w rking life, even if rel	rork done 10b. KII tired)	ND OF BUSINESS OR IN	IDUS (BÝ 11. B/RTHPLACE (Stote		12 CITIZEN OF WHAT COUNTRY?
13	Lay	dT	ocks		14, MOTHER'S MAIDEN N	+ Know	
15	(ex, no. or enknown)	ER IN U. S. ARMED	FORCES? 16. SO in of service)	CIAL SECURITY NO. 1	Josepa Sn	owoln Dior	255
		ATH [Enter only or ATH WAS CAUSED IMMEDIATE CAU	BY:	for (o), (b), and (c).]	elil pjorch	-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if	טס רי. ר	E TO (b)	Polono	> arteusse	low!	5 yours
	gove rise to cause (a), stating lying cause last	g the <u>under-</u> DU	E TO (c)	Cirlen	orclent He	at Heren	5 years'
NOITA	PARE IC O'	THER SIGNIF CANT	per les	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	nal disease condition g vi	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
CEDY EI	200 ACCIDENT WOR CONTRIBUTING	VAS UNDERLYING C G CAUSE OF DE. Y MEDICAL EXAMIN	ATH	BE HOW INJURY OCCU	RRED (Enter nature of injury in I	Port I or Port II of Item 18)	
MEDICAL			Year 20d INJU While of work [Not while	PLACE OF INJURY (Home, form factory, street, office bldg., etc.		(County) (State)
	21. I certify that (1) (this hospital) attended the deceased fram. Aft. 161 to May 13, 1961, that (1) (we) last saw the deceased alive an May 11 1961, and that death accurred at 3.0 M, from the causes and an the date stated above						
	220. SIGNATURE	Elin He	m K	llaz	M.D. PHYS DI	ED. STAFF RECTOR PHYS	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	William	+ K	MAY	8218 W	SCOWSIN A	UE BETHES DA
2	30. BURIAL, CREMATI REMOVAL (Specif	ON, 236 DATE TH	EREOF :	Moses Com		23d LOCATION (City, town, of Cabin John.	

25b, REGISTRAR'S SIGNATURE

Chiller S. Krins

250. REC'D BY REGISTRAR

MAY 1 9 '61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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Orthur & Thomas

0 0 0 0	CERTIFICA	IE OF DEATH	05768				
PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	b COUNTY				
b CITY OR TOWN (If autside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	nd Mort tgome ry outside corporate limits, write RUR				
RURAL and give nearest tawn)	20	Rural Germa	X				
Rural Germantown d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	20 yra	d STREET ADDRESS	ntown	e IS RESIDENCE ON A FARM? YES NO FM			
	444.0						
NAME OF DECEASED (Type or print) NAR THA	ELLEN	DOUE	4. DATE Month	9 196/			
S SEX 6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		MONTHS DOYS HOURS Min			
	WED A DIVORCED DIVINOUS	9-28-1884	76 yes	Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY?			
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SIRE II BIREFILACE (SIGIE	or totalgh country)				
Housewife	Home	West Vir		USA			
3 FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
Sanford R. Miller		Virginia	(unknown)				
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16s. no. or unknown] (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. 14	IFORMANT	Address	\$			
No	None	Mr. Woodrow I	love. Gaithersbu	rg. Md.			
18 CAUSE OF DEATH Enter only one cause per				INTERVAL BETWEEN			
PART I DEATH WAS CAUSED BY	RARTA - RF	Nul-	FAD LOS	ONSET AND DEATH			
IMMEDIATE CAUSE (a) TO PATO TO CAUSE.							
CARLO AND MAN AND AND AND AND AND AND AND AND AND A	1 PT- OCT N TIL	CHACL	all is not if	1 44 3 -1-51			
gove rise to immediate	gove rise to immediate						
cause (a), stating the under- ying cause lost (c)	HREINON	IA DET	HE STOMA	CH 14EAR			
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NALD SEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
3 LEFT HEM	IPLEGIA	HYPE	RT ENSION	YES NO			
	SCRIBE HOW INJURY OCCURRE	D, (Enter nature of injury in	Part I or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	, 20f (City or town)	(County) (Stote)			
Hour a.m. Whi	e Not while for	tory, street, office bldg., etc					
₹ p.m '' ar w	ark at work		(10 (1) 17				
21 I certify that (I) (this haspital) atter) WYZ 12	4 10 6 Kl Czy 1 5	_, 19 <i>Of</i> , that (i) (we) last			
saw the deceased alive an JZ IV	12 4 196 . , and that a	leath occurred at LUL	M, fram the causes and	an the date stated above.			
220 SIGNATORE				22b, DATE SIGNED			
Lys in c to	enter by-1415	MO PHYS DI	ED STAFF RECTOR PHYS	3101422			
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS					
John Fawcet	t	DHWSONVIL	Lt. PO. Ra	UD. Ald.			
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d LOCATION (City, town, or	caunty) (State)			
Burial May 16, 196	1 St. Luke's L		Montgo	HOTY CO. Md.			
FUNERAL DIRECTOR'S SIGNATURE		5.4	AV 1 6 201				
Trances H. Barber	Laytonsville,	MCL. DATE	and and	they & Krays			

TO HOSPITA OR ATTENDING FIFYSICEN: The law requirements that the death certificate be executed within 24 the death. Page 4 may be the naspiral or attending maying any signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/SP



MARYLAND STATE DEPARTMENT OF HEALTH

	5782 CERTIFICATE OF DEATH	45760
		06.4034
1		Montgomery
	write RURAL and give neerest town) Bethosda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS d. STREET ADDRESS	sda •. 15 RESIDENCE ON A FARM?
	Suburban Hospital 6608 Rannoch Road Jake Month Of Deceased (Type or print) WALLACE J DUGAS DEATH MAY 22 S. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yeers FUND	Dey Year 19
)	Mala White Widowsking Divorced 1/20/10 State birthday) Widowski Divorced 1/20/10 State Country & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work of 10b. Kind of 8JSINESS OR NDJSTRY 11. F. 11 FLACE (Country & State, or foreign country) 12.	S Deys Hours Min.
	Br. Mgr. Frick Co. Louisiana 13. FATHER S NAME Ernest Dugas Celina Daigel	U.S.A
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknwn) (Ifyesgivewerordetesofservice)	e hove)
	18. CAUSE OF DEATH [Enter only on a ceuse per line for (e). (b). and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, II eny, which gave rise to Immediate ceuse (e), stelling the underlying DUE TO Ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOTIFICATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN P TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) PART II. CAUSE OF DEATH OR CONTRIBUTING CAUSE OR CON	S above INTERNAL BETWEEN ONSET AND DEATH ONSET AND DEATH S year PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
	20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (while st work 19 19 19 19 19 19 19 1	
	22c. PHYS.CIAN'S NAME (Type GI/bert B. Rade M.D. 22d ADDRESS NAME (Type GI/bert B. Rade 3900 Mulitary 10 238. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or conference of the control of the contr	5.22.6 SIGNED
1		

TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 hours after death.

4 may be mained by the hospital or attending physician.

7 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funecal director, page 3 should be defached for use as the burial-trans t permit. Then please remove carbom papers. Pages 1 and 2 minuted be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution, Residence before admission) e. COUNTY **b.** COUNTY b. CITY OR TOWN (if outs'da conforata limits. c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Yeer DECEASED (Type of prin DEATH 19 5 SEX 19. AGE (In years) UNDER 1 YEAR IF UNDER 24 HRS. VEVER MARRIED I last birthday! Months IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of Working life, even if retired 1 E BC FLC1 = 15. WAS OFCEASED EVER IN S.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17 (Yas, no or unkown) | (If yes give we rondeles of service) 18. CAUSE OF DEATH (Enter only one couse per line for (e) (b), and (c,.) INTERVAL BETWEE ONSET AND DEATH J. 17 4216 IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate causa **DUE TO** (a), stating the underlying PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED! 200. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) (State) 20c. TIME OF INJURY 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or fown) (County) Month, Day, Year fectory, street, office bldg , etc] 1 While Not While at work at work 21 I certify that (I) (this hospital) attended the deceased from Life CLES Life ... and that death occured at Milfrom the causes and on the date stated above saw the deceased alive on..... DATE ATTENDING MED SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME ITYPO LOCATION (City, 23s. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ankton REMOVAL (Sapcify) Removal Dakota 25a. REC'D REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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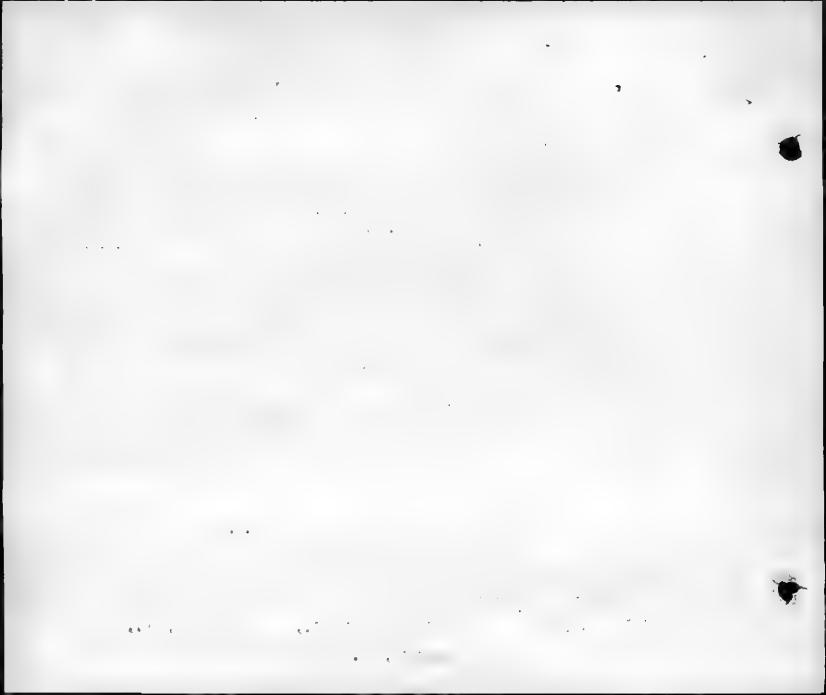
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TO HOSPITA may be TO FUNERAL poge 3 shau the State Boa

VR A1S (4) 1SM 9/59

MR ATTENDING INVICIAN: The low requires that the death certificate be executed within 24 the

		D. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	ion: Kesidence before admission)
1		MONTGOMERY	MARYLAND	MARYLAN		IONTGOMERY
	ŧ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)		10.00	outside corporate fimits, write f	(URAL and give rearest town)
	_	OLNEY d. NAME OF HOSPITAL (If not in haspital, give street	25 DAYS	J. SPENCER d. STREET ADDRESS	VILLE	e. IS RESIDENCE
1		OR INSTITUTION	HOSPITAL	7		ON A FARM? YES NO
end m f	3 1	NAME OF First	Middle	Last	4. DATE Moi	nth Day Year
		Type or print) ADOLPHUS	(NMN)	EDWARDS	OF DEATH MAY	6 19 61
	5 5	ROULFIIOS	RRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	Y
		MALE COLORED WIDO	4-04		lost birthday)	Months Days Hours Min.
			197	9-11-92	00	12 CITIZEN OF WHAT COUNTRY
		JSUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)			or rateign country)	12 CHIZEN OF WHATCODAIR
			BD. OF EDUCATIO	the state of the s		U.S.A.
	13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
7		JAMES EDWARDS		MATTIE JOH	NSON	
Ι,	15.		5. SOCIAL SECURITY NO. 17	NFORMANT	Add	Jress .
_	[Tes	(If yes, give war or dates of service)		HOSPITAL RECO	RDS DIN	EY. MARYLAND
		18 CAUSE OF DEATH Enter only one cause per			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LINTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	ulmonary and	(Cerebra	Emboli	ONSET AND PEATH
) / DUE TO				
		Conditions, if any, which)	Mural thin	ombus		
		gove rise to immediate			·	1) 3 wks
		couse (a), storing the under-	Murcadial	Tukanchin		2) 3
	7		CONTRIBUTION TO DELTE NO	NOT SHATTO TO THE TENN	INVALID (EACE CON-DITION) CIT	VEN IN PART I(a) 19 WAS AUTOPSY
	₽.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I MOI RETAILED TO THE LEKW	MALD SCASE CONDITION OF	PERFORMED?
	CA					YES NO
×20	CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206 DE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Part II of item 1B)	
	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, Hour o. m. Whi	1	ACE OF INJURY (Hame, fari ictary, street, office bldg., et		(County) . (State
	ME	p. m. 19 of w				
		21 I certify that (I) (this hospital) after	ded the deceased from	APRIL 11 10	61 to MAY 6	, 1961_, that (I) (we) los
		saw the deceased alive on MAY 6	19.61 , and that		1-X- . V	nd on the date stated above
		22g. SIGNATURE	and mark	deoin occurred or		22b DATE
		Kuhand (1. 4.1	in last	M.D. PHYS.	AED. STAFF	5/6/1 SIGNE
		22c PHYSICIAN'S		22d. ADDRESS	IKECIOK PHIS.	2/9/9/
		NAME (Type)	D		Manylann	,
	_	R.A. YATES, M.			MARYLAND	
	2 3a	REDOVAL (Spicify) 5/10/81	23c NAME OF CEMETERY C	National.	23d LOCATION (City, fown, Arlington,	
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
		hoke the language	Rockville.	Mi. DATE	4 0 104	er our & Thous
		Janey Mr Joseph		DAIE IS		As well & Appendix

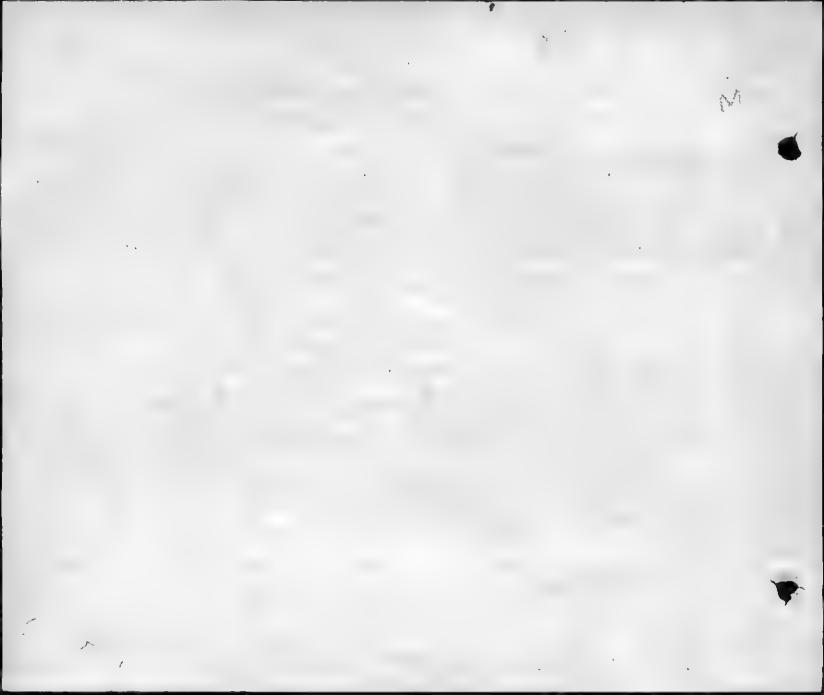


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MARYLAND	STATE	DEPARTMENT	OF	HEALTH	- Pin-

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DIVISION OF STATISTICAL RESI	ARCH AND RECORDS, 301	W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
5786	CERTIFICATE O	F DEATH	6595

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
1	MONITOROME ALA MARYLAND	B. STATE MAPINIAND B. COUNTY MANY
V	b. CITY OR TOWN (Louiside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (.itouts.dercorporate limits, write RURA), and give nearest town)
4	PAKOMA PARK [1] days	Inkoma Lock.
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS O I . IS RESIDENCE
	WAShington SANITARIUM & HOSP	211 EXPAN HILEN HUEL VEST NO DR
ł	3. NAME OF A First A Middle	Last 4 DATE Month Dey Year
1	(Type or print)	Edulards DEATH 5 9 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male. 1114, JE, WIDOWED DIVORCED	7-17 13 last birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working I fe, even if retired)	Suc deal America
	MINISTER 13. FATHER'S NAME	114. MOTHER'S MAIDEN NAME
1	ashar Coduned	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, not or unkown) (If yes give war or dates of service)	Hosp record
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
Į	PART I. DEATH WAS CAUSED BY:	many externa ONSET AND DEATH
1	IMMEDIATE CAUSE (a)_	
	Congress (2)	we heart kouline
	gave rise to immediate cause	
	(a), stating the underlying DUE TO	lo iti hast direase
1	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	Siz Votes	ruelli tus PERFORMED?
	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of in ury in Pert I or Pert II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While fe	ctory, street, office bldg., atc.)
	p.m. 19 1	4/201 10/1 5/10 10/11/10/10/10
	21. I certify that (I) (this hospital) attended the deceased from	115
	saw the deceased alive on	at death occured at 2n.M, from the causes and on the date stated above.
	1000	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS
ı	NAME (Type) = 1NO MAGI	918 Mur. Blod E. Silver Joney Mind.
		OR CREMATORY [23d JOCATION (E.T., lown or county) (Stele)
ı	Biring May 12. 1961 George Wash	wrister Cemetery Vrince George County Mrs.
	24 FUNERAL DIRECTOR'S SIGNATULE APPRESS	250 BEC'D BY REGISTRAR 256. REGISTRAR'S SECHATURE
	J. Wither Waiters, 254 Carrall Al Me	DATE MAY 12'61 Chilling of thouse
	-	



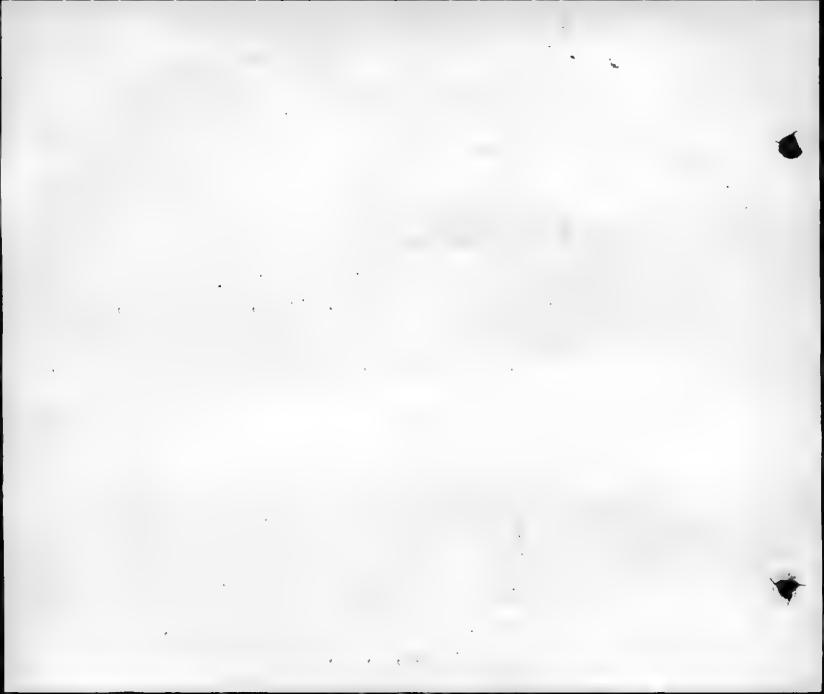
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TO HOSPILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in other death. Pag		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct	page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed w		-
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010	may be i med by the hospital or attending physician	RAL	sho	the State Board of Health prior to burial, cremation, or remayol, and in any event within 72 hours after death.	1
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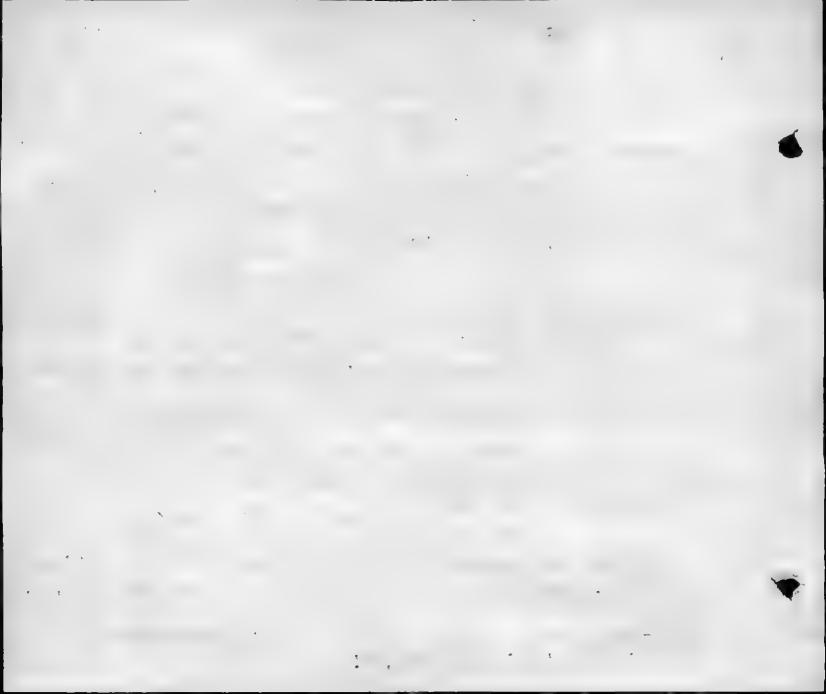
	CERTIFICA	IE OF DEATH			0.5	111	
1 PLACE OF DEATH Q COUNTY		2 USUAL RESIDENCE (Wh			Residence befor	e admission)	
Montgomery	MARYLAND	Maryland	a b	. COUNTY M	ontgom	ery	
b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest lown)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lim	its, write RURA	L and give nea	rest town)	
Olney	10 min.	Brookevil	Lle	7.			
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS		,	[e. IS RESIDENCE ON A FARM?	
Montgomery General Ho	spital					YES NO	
3 NAME OF First	Middle	Last	4. DATE OF	Manth	Day	-	
(Type or print) Roland		nington	DEATH	May	13	19 61	
5 6 - N		8 DATE OF BIRTH 11/5/1888	last	birthday) Me	anths Days	Hours Min	
Male W widow		, , ,	7.4		10 6/7 75) 05	AND TO COLLEGE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	_		-			WHAT COUNTRY	
Mechanic He	eavy Constructi	on Mary La			USA		
		Annie Nic		TTORES			
George Fennington 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	FORMANT	HOTPOH	HUEF			
(Yes, no, or unknown) (If yes, give war or dates of service)			D	_		e wa	
18. CAUSE OF DEATH [Enter only one cause per]		s. Russell	Bryan	Brook		RVAL BETWEEN	
PART I. DEATH WAS CAUSED BY.	20 . 1 0	, O O. /		000		ET AND DEATH	
IMMEDIATE CAUSE (a)	Troop Troop	soco (.	TWETEW	ay we	TX-OV-LIV	8	
Conditions if any which)	Laborale 4	Attura	ado la	ant	teala		
gave rise to immediate	gove rise to immediate						
lying couse lost.							
PART I OTHER SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONT	DITION GIVEN	IN PART 1(a)	WAS AUTOPSY	
TE						PERFORMED?	
PART OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				-			
A	f	ACE OF INJURY (Hame, form, fary, street, office bldg, etc.		n)	(Caunty)	(State	
While of wa					-		
21 I certify that (1) (this haspital) attend	ded the deceased fram.	5/13/ 19	61, 10	5/12	19 (al th	at (I) we last	
saw the deceased alive on 3/13.	19 /c) and that d	eath occurred atue		auses and c	on the date	stated abave	
770 SIGNATURE						22b DATE SIGNED	
Toliva I Ya	Waster 1		RECTOR PHY	5 - Tha	4 14-1	961	
772C PHY5 CIAN'S NAME (Mpe)	7 - 5 - 00. ()	ADDRESS		2	1.,	~ ~	
30HIJ (1, 11	LARTIN, M	<u> </u>	X COULE	51913	MUS.	116	
23a SURIAL CREMATION, 23b. DATE THEREOF BUT1 al (Specify) May 17. 196	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (C	**	ounty)	(State)	
				ville,		hr	
24 FLIDHERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	255 REGISTRA	ar's signatui	CE	
7 (10 04 (1) 04 (1) 27 8 8 8 8							

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5790 **CERTIFICATE OF DEATH**

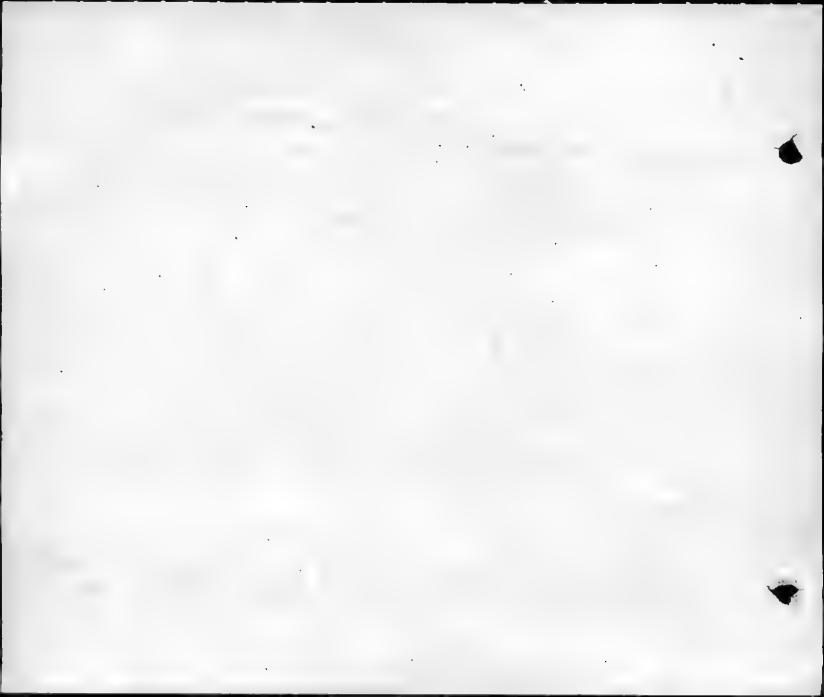
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1.	PLACE OF DEATH	. L	MARYLAND	2. USUAL RESIDENCE (WHO	here deceased lived If institut b. COUNTY	on. Residence before admission)
1	h CITY OF YOUN IS	t outside corporate limits, which	7	CITY OF TOWN IS	and a corporate limits, write R	Lewis & Clark
у.	RURAL and give no		114- 531			W _ W
1-	d NAME OF HOSPIT	AL (If not in hosp tol, give stre	et oddress)	d. STREET ADDRESS	ena	e. IS RESIDENCE
	OR INSTITUTION	Altallista)	Dursiade Home	None		ON A FARM? YES NO [36
3.	NAME OF	First	Middle	Lasi	4. DATE Mor	oth Day Year
	(Type or print)	JONNIC	, W	Graham	OF DEATH Ma	11 3/ 1961
S.	SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years lost birthday)	
1	P	WIDO WIDO	WED DIVORCED 🔲	Jan. 31. 1	878 83 m	Months Days Hours Min
100	during most of work	ON (Give kind of work done 16 ing life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		H. 10.		ENGLO	and	4.0
13.	FATHER'S NAME	1		14 MOTHER'S MAIDEN N	AME C	
	VOhN	Whyatt		19	re Jeldo	on a
15	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO 17 II	IFORMANT	1 Jr; A00	Bethesda, Ma
	no		None V	ames D. Gr	aham, 600	racidsboroRd
		ATH [Enter only one couse per ATH WAS CAUSED BY:	line for (o), (b), and (c).			ONSET AND DEATH
	Us since	IMMEDIATE CAUSE (6)	topune 1			OK W 165
	Conditions, it of	DUE TO	arednosa	mia de	0	3 months
	gove rise to in	mmediate DUE TO	,	Was to	- acing a	11.5
	lying couse ost	(c)	derocanci	nemales	is of breas	f all minim
NO	PART II OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CATION						YES NO X
CERTIF	(IF EITHER, NOTIFY	AS UNDERLYING 20b D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in i	Port I or Port II of Item 18)	
MEDICAL	20c. TIME OF INJUR		6	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State)
ME	p m.	19 Wh	ile Not while			
	21. I certify tha	it (I) (this haspital) atte	nded the deceased fram	June 10	60 to 31 May	19 that (1) (we) last
	saw the deceas	sed alive an 27 r	May 1961, and that	leath accurred a	M, fram the causes ar	nd an the date stated above
	220 SIGNATURE	ut marty	no In	M.D PHYS DI	ED. STAFF	21 May CP
	22c PHYSICIAN'S NAME (Type)	HERBERT	MARTYN-	DR 22d. ADDRESS 50	29 Bett	eda Are
23		IN, 236, DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town,	or county) (State)
В	ur-Trans	it 6/1/61	Mountain '	View Cem.	Livingston	Montana
24	Robert A	's signature . Pumphrev.	Bethesda. Mar	rvland 250 REC	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
	TODETE H	· Lumburel,	Decileoda, Ma	y y Land DATE		- wille

TO HOSPITATION OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h. After death. Page 4 may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate lies been signed by the ottending physician and simpletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY **6. COUNTY** Montgomery Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (Fouls de corporete limits, write RURAL end give neerest town) write RURAL and give neerest fown) Rockvil Rockville filled i d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Wilwyn Way 4605 Box YES NOX completely 3. NAME OF 4. DATE Month DECEASED OF (Type or print) Angeline DEATH Clara Mav 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER last birthday) Months Oct. 19, WIDOWED DIVORCED 94 Female 1866 106 K ND OF BUSINESS OR INDUSTRY 11 BIRTHPL CE County & 54 a or foreign country) done during most of working life, even if retired) Post mistress, ret Post Office Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Porter Griffith Margaret Virginia Keys 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Ruth G. Veirs-Box 52-Rockville, Md. 18. CAUSE OF DEATH [Enter only one cousa per line for ie], (b), and (c).] Trioschustie curlivrascular MMED ATE CAUSE (a) DUE TO 7 - 4.1 Conditions, if any, which gave risa to immediata cause DUE TO (e), steting the underlying PART II OTHER & GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 110 PERFORMED? vasculur acculus 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Jam 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) NONE 2Dd. IN.URY OCCURRED ' 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (Steta) factory, street, office bldg., etc.) Not While_ Hour a.m. at work at work 7 to Mary 30, 1961, that (1) (ma) last 21. I certify that (I) (this hospital) attended the deceased from . Och . 17 195 ...1961, and that death occured at Jam, from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE SIGNED ATTENDING PHY5. DIRECTOR 272. PHYSICIAN'S 22d. ADDRESS NAME (Type) Stephen C. Cromwell 23a. BURIAL, CREMATION | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) の音器 Burlal Rockville Cemetery Rockvi 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

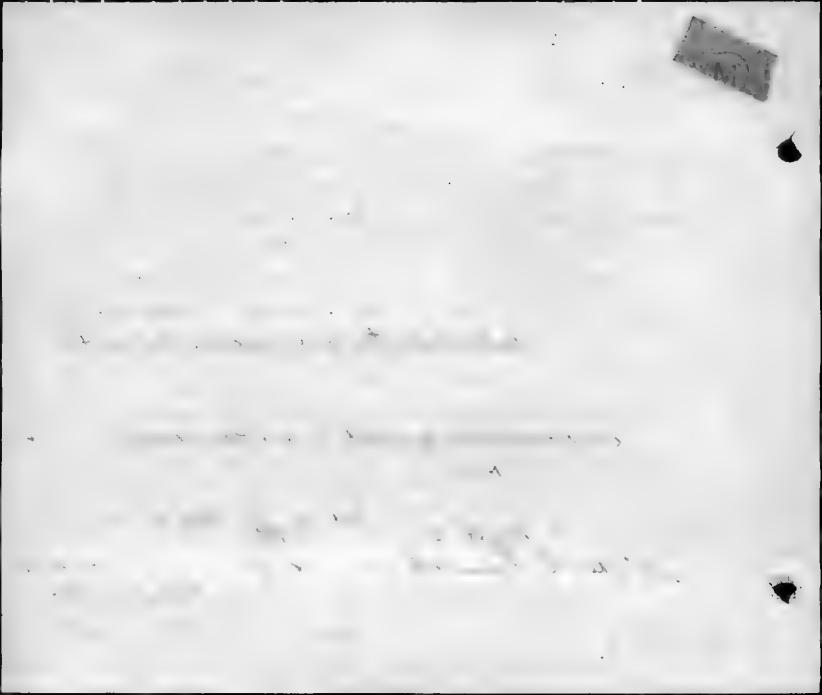
Bethesda, Maryland DATE JUN 2

24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

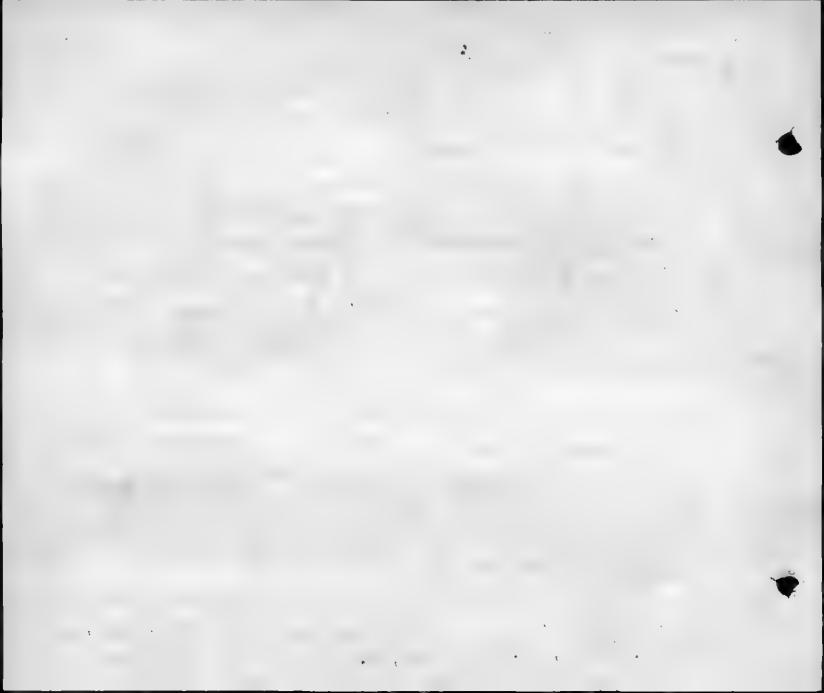
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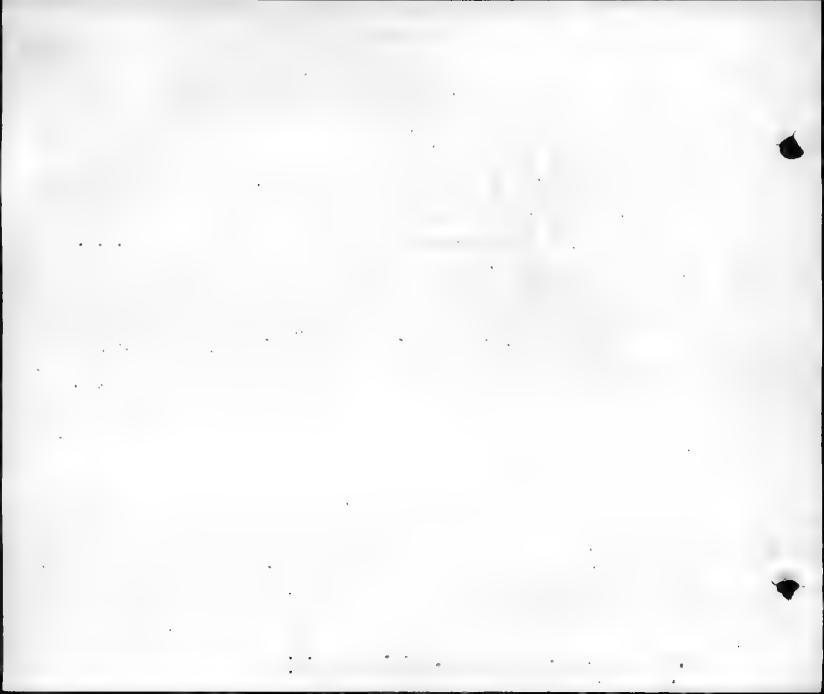


TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts, write RURAL end give geerest town, ON A FARM? DECEASED (Type or print) WIDOWED [DIVORCED physician BIRTHPLACE (County & State, or foreign country, METEOVOLOGI'S please 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, not or unkown) (fyesq.vewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPS PERFORMED? FI NO 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW NJURY OCCURED. (Enter neture of in any in Perl. or Pert II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) While _Not While at work at work p.m. saw the deceased alive on..... ATTENDING MED. STAFF S. GNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 1 23 d. LOCATION (City, fown or county) REMOVAL (Specify) 5/30/61 Prince Georges Courty, Maryland Fort Lincoln Crematory __ 8434 Georgia Avenue Silver Spring, Md. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Chilling S. Kraus 15M 9/60 Raymond

MARYLAND STATE DEPARTMENT OF HEALTH



		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	:= (5793 CERTIFICATE OF DEATH Reg. Dist. No.U.57811
Poge	filed with) 1.	PLACE OF DEATH COUNTY O N E R MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY D COUNTY F N / N A
eath.	be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
after d	should be fi		d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	TO TO	1	Vashington Danitarium Total
n 24 h	filled in	3	NAME OF DECEASED (Type or print) NARY Middle Lost 4. DATE OF DOOY Year 29 1961
d with	completely filled papers. Pages 1 ath	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH FO W ALF WIDOWED DIVORCED 10. 26 83 9 AGE (In years 15 UNDER 14 FINDER 24 HRS 16 UNDER 24 HRS 16 UNDER 24 HRS 16 UNDER 24 HRS 17 yrs 17 yrs 18 UNDER 24 HRS 18 UNDER 24 HRS 18 UNDER 27 HRS 18 UNDER 28 HRS 18 UNDER
xecute	- 6	10	during prost of working life, even if retired) Home-maker Home-maker Actuse (State or foreign country) Local Section of What Country? U.S.A.
be 4	an and corbon (after de	13	FATHER'S NAME
icate	physician move cor haurs aft	-	J. Gundy Wolfe UnnA DaKER.
r certif		15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? If you, girls wor or dates of services 1/2. SOCIAL SECURITY NO INFORMANT Address WASHINGTON SANITARIUM & HOSPITAL RECORT
death	Hending please re vithin 72		IB. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] PART I. DEATH WAS CAUSED BY:
护	he at hen p		2 DUE TO Lumphon to Company to the C
that	by I. T.		Conditions, if ony, which) (b)
equires n.	signed it perm id in ar		gove rise to immediate cause (a), stating the under- lying couse lost. DUE TO C: Surgery, apr 1961
e law re	ol-trans	CATION	(0)
AN: The	he buri	CERTIFIC	20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSICL	certified as the	3	
PH	ar us	MEDI	p. m. 19 of work of work
DING	After red fi ial, o		21. I certify that I offended the deceased from 12/1/1, 194/, ta 5/2/1, 194/, that I last saw the deceased
TEN	atock bur		alive on
OR Al	lixection to be deprior to		SIGNATURE ROWCOM / Mr. TU30 Carrollare. 3/79/61
	IERAL III 3 should gistrar pr		PHYSICIAN'S NAME (Type) HOWARD T. MORSE Talcama Vanh Strop
HOSPI	FCN age	72 FR []	BURIAL, CREMATION, 220 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) RIAL EWISBURG, PENNSYLVANIA
5 5	2	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
	15 (4) 9/58	1	HISONG FUNERAL HOME 1300 N. STREET, N. WAY 31 '61 CI. Ily S. Kraus
			Stray & Davery



AND RECORDS, 301 W. **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) PLOUNTY b. COUNTY director, Page MARYLAND LITGINIAL b CITY OR TOWN (If Julside corporate funits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) ŏ alroma Board AND NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address) ifter death, if any 2, and 3 to the funeral retained he State B 3. NAME OF 4. DATE DECEASED the t [Type or print] - 171d Haas DEATH Le P Pages 1, Z, and AM3. Page 5 may by pages 1 and 2 with thin 72 pages at with B. DATE OF BIRTH 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 7. MARRIED NEVER MARRIED, lest birthdey) 10a USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) VIY GITTIEU PM3. | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [!] yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] and in in pencil in PART I, DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) Office DUE TO burlal SEVERE CORONARY ARTERY ARTERIOSLEROSIS WITH THROMBOSTS Conditions, if any, which geve r'se to immediate ceuse (0) DLE TO (a), stetling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 20f. (Cily or lown)] 20c. TIME OF INJURY Month, Dev. Year the C factory, street, office bldg., etc.) While Not While Be forwarded to the SRAL DIRECTOR: Pasignated agent, prior h et work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry death resulted from Natural causes Accident Suicide Homicide Undetermined manner lease execute the c should be forward PUNERAL DIRI CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPL Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 728. BUR.AL, CREMATION. 226. DATE THEREOF 22d, LOCATION (City, lown, or country) REMOVAL (Specify) COLUMBIA CARDENS ARLINGTON 40 g BURIAL 7 23. FUNERAL DIRECTOR HERALHOME, INC. ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME ARLINGTON arthur S. Krous

ND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES TO NO TA

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

days

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

days

(County)

JUN 5

DATE

5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before admission) e. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give/neprest town) c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give negles) towns dimmtor. your rd of l d NAME OF HOSPITA in hospital, give street eddress) P retained he State B 3. NAME OF to the l DECEASED the (Type or print) DEATH þe With B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2 with last birthday) WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Stell or foreign country) done during most of working life, even If retired) ve Pages Pages ONSTRUCTION WORKERself-employed pages 1 Mrs. Susan Tippett Mr. William Thomas Hall Maryland e E form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17 INFORMANT ABaktimore. Maryland (Yes, no, or unknwn) i (If yes give wer or detectof service) Mrs. Helen N. Hall, 5645 Govane Avenue 18. CAUSE OF DEATH [Enter only one cause per tine for (a) (b), and (c). Utilice along v burial-transit p moval, and in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) s a geve rise lo Immediate cause (e), stelling the underlying Examiner pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY age 3 should be to burial, cremati writing the word a Chief Medical I Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Item 18.) PRIMARY 🔲 or CONTRIBUTING 🖽 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) factory, street, office bldg., etc.) Not While the R: Pa AL DIRECTOR: Paraged agent, prior t at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry death resulted from: Natural causes ... Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER should be for FUNERAL | r its designate SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) O DEP please 4 shoul O FUN 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) REMOYAL (Specify) New Cathedral Cemetery Buria. Baltimore Maryland
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Warner Fine Pimphrey, Inc., 8434 Georgia Avenue VS. AISME Raymond a Ziska Silver Spring, Maryland SM 9/60 DATEUN 5 Cathur & Thouse

RYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

PERFORMED?

YES A NO 4

and in my opinion

DATE SIGNED

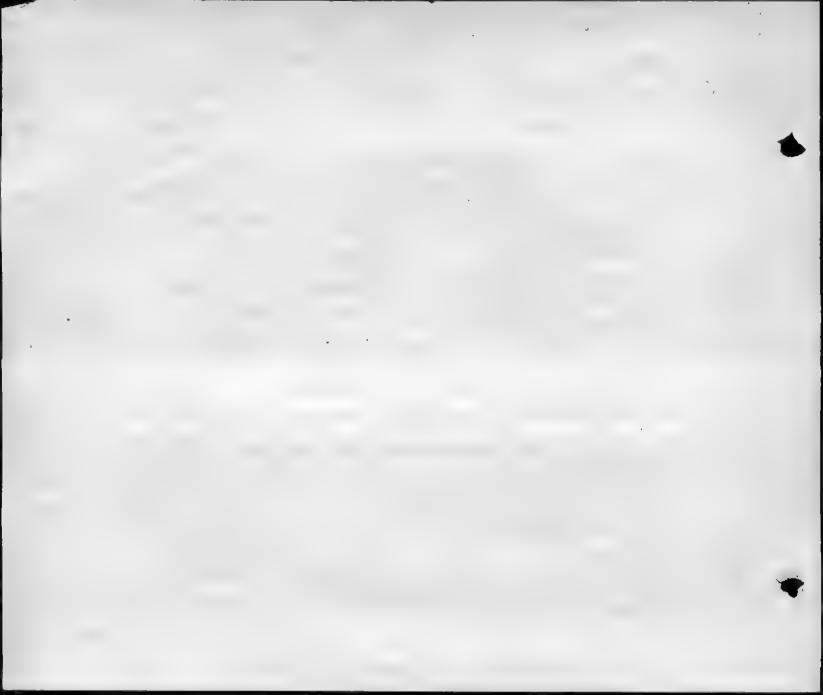
12. CITIZEN OF WHAT COUNTRY?

Maryland

(County)



MARYLAND STATE DEPARTMENT OF HEALTH Division-of-STATISTICAL RESEA **BALTIMORE 1. MARYLAND** FOR STATE USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) 1. PLACE OF DEATH funeral director. Bage lained for your files. State Board of Health, a. COUNTY e. STATE COUNTY MARYLAND b. CITY OR TOWN (if over de corporete limits, we'te RURAL and give neerest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give plarest town) d. NAME OF HOSPITAL OR INSTITUTION (if no in hospital, g va street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained Te State B YES NO D und NAME OF DATE Middle DECERSED OF the a (Type or print) iges 1, 2, and 3 to the grees 1, 2, and 3 to the 1. Page 5 may be rest 1 and 2 with the hin 72 hours after of DEATH 196 6. COLOR OR RACE 7. MARRIED A NEVER MARRED 8. DATE OF BIRTH IF UNDER TYEAR AGE (In year IF UNDER 24 HRS. last birthday Months, Days Hours WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 24 hours 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Give P. with form P permit, File p unknown unknown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT in Item 18. (Address (Yes, no, or unkown) | (If yes give war or dates of service) HELEN do Devilbliss Funeral Home, Radfordie ACBEIWEEN 18. CAUSE OF DEATH | Inter only one cause per line for (a), (b), and (c). Office along a burial-transit p ENSET AND DEATH PART I. DEATH WAS CAUSED BY: pencil Occusion IMMEDIATE CAUSE (a) many **DUE TO** removal plnous Conditions, if any, which (b) "pending" gave rise to immediate cause S G **DUE TO** (a), stating the undarlying ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as its designated pagent, prior to burial, cremation, or r cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19. WAS AUTORSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part II of Part II of II am 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. EXAMINE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or lown) (County, (State) factory, street, office bldg., etc.) While Not While Hour n.m. et work at work p.m. 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry / and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S DEPUTY MEDICAL EXAMINER **EXAMINER'9** NAME (Type) Address (Street, city, town, or county) DEP 228. BURIAL CREMATION. 22b DATE THEREO 22d. LOCATION (City, town, or country) 22€ (State) REMOVAL (Specify) 240 g BURIAL 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATMAY 23 '61 Circhar S. Thrus



MARYLAND STATE DEPARTMENT OF HEALTH

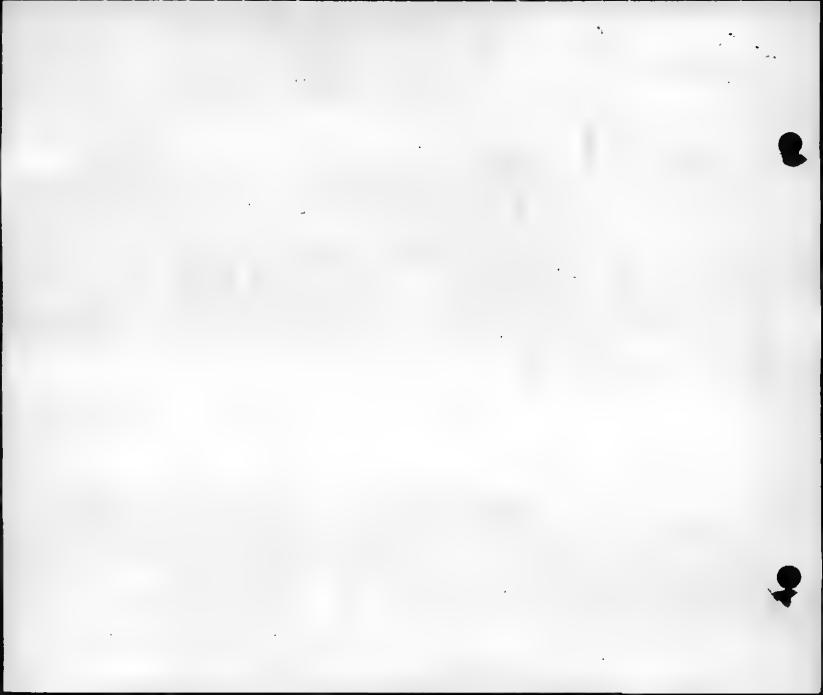
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	579	97		CERTIFI	CAT	E OF D	EATH					057	184	
17	PLACE OF DEATH					USUAL RESI	DENCE (W	here decease			ın: Reside	nce befa	re admiss	ion)
V		ntgomery		MARYL	AND	we.	st V	<u>irgir</u>	ni.a"	YTHUO	H	arri	ison	
1	b CITY OR TOWN (If RURAL and give nec	autside corporate lim	ils, write	c. LENGTH OF STAY IN	V 16	c. CITY OR	TOWN (If	outside corpo	prate limits,	, write Rt	JRAL and	give nec	rest tawn)
L	Rockvi	ille						sburg	3					
	d. NAME OF HOSPITA OR INSTITUTION 4727		_			d STREET A	DDRESS			_	5 ,	c	e. 15 RES	FARM?
	4727	Boiling	Broo	ok Pkwy.						£-	-> 1		YES 🗌	NO 🔀
3.	NAME OF DECEASED	Fi	rst	Middle		los	il .	4. DATE OF		Mani	h	Da	у	Year
	(Type or print)	Lot		P		Hansf		DEATH		1ay	7	24		19 61
\$.	SEX	6 COLOR OR RACE		RIED NEVER MARRIED		DATE OF BIRT			9. AGE (1	(hday)	Months	Days.	Haurs	R 24 HRS.
	Male	White	WIDOW	<u> </u>		Feb.	18,	1877	_	4 yrs	3	0		
10	during mast af worki	ng life, even if retired	dane 10b. i)	KIND OF BUSINESS OR	INDUSTR								WHATC	OUNTRY?
	Gas Compa	any		Retired			,	irgir	nla		U	SA		
13	FATHER'S NAME					14. MOTHER'S								
20		H. Hans		OL SOCIAL SECURITY NO.	27 10156	V1	ctor	ia Ba	arnei	Addr				
	es, no. or unknown) [1	I yes, give wer or dates of					aham	ma D	n h .			e 10	3	
=	No L	ns fe.	12	None	TO	uise C	18001	He-Da	augin	ter-	Sam			TARFES
		THE LETTER ONLY ONE CO		ne far (a), (b), and (c).] REMIA								ONS	ERVAL BE	DEATH
	1 (10)	IMMEDIATE CAUSE (3 <u> </u>	KEMIM								-	3 M	02_
	Conditions, if any, which) the PROSTATIC HYPERTROPHY								12	Ver	1-			
	gave rise to in	mediate		12021 1711	Cagaria Caracteria Car	11 11 6	1100	, , , ,				_	14.	71.5
	cause (a), stating t lying couse last.													
Z			DITIONS	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERM	NAL DISEAS	E CONDIT	ON G V	EN IN PA	RT 1(a) 1		AUTOPSY
CATION					ana									RMED? NO I⊋r
C.	20a ACCIDENT WAS	S_UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture o	if injury in	Port I ar Par	rt II af item	18)				
CERT	OR CONTRIBUTING	□ CAUSE OF DEATH MEDICAL EXAMINER)												
3	20c TIME OF INJURY	Manth, Doy, Ye	or 20d. 1	NIURY OCCURRED 2	Oe. PLAC	E OF INJURY	Home, farm	n, 20f. (Cit)	y ar tawn)			(County)		(Stote)
MEDICAL	Hour o.m.	19	While at wor		racta	ry, street, affic	e blog., er	1.0						
		(II) (this haspita	I) otten	ded the deceased f	rom M	AY 8	19	61,10	MAY	124	10	10 / th	ot (IV I	mai loss
	saw the decease	ed alive on MA	V 2	4 1961 and t	hot de	oth accurre		AM from	the cou	ises on	d on th	re date	stated	I above
	220 SIGNATURE		7		1101 001						<u> </u>	10 00.0		b DATE
	Eder ?	re 61. /	Deer	nan	M	ATTENDIN PHYS	G 🛛 D	ED RECTOR	STAFF		MA	124	,196	SIGNED
	22c PHYS CIAN'S NAME (Type)			_		22d ADDR	ESS /	0620			GIA	AI	IE.	
	E	DWARD	A.	BEEMAY			5	ILVE	R SF	RIN	6,1	MD		
23	BUR AL, CREMATION	N. 236 DATE THERE	OF	23c NAME OF CEMET	TERY OR	CREMATORY		23d LOCA	TION (City	r town, c	ir caunty)		(Stat	e)
E	Bur-Trans	it 5/27/	51	Elks View	7 Ma	sonic	Cem.	C	Lark	sbur	g .	W v	la.	
24	FUNERAL DIRECTOR'S			ADDRESS				D BY REGIS		Sb. REGIS	TRAR'S S			
	Robert A	. Pumphr	ey .	Bethesda,	mar	yrand	DATELA	Y 25 '6	1	-	1. 7 8	Thank	a	

may be LONGRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with, the State Board of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death. TO HOSPIZ VR ATS (4) 15M 9/59

fter death. Page 4

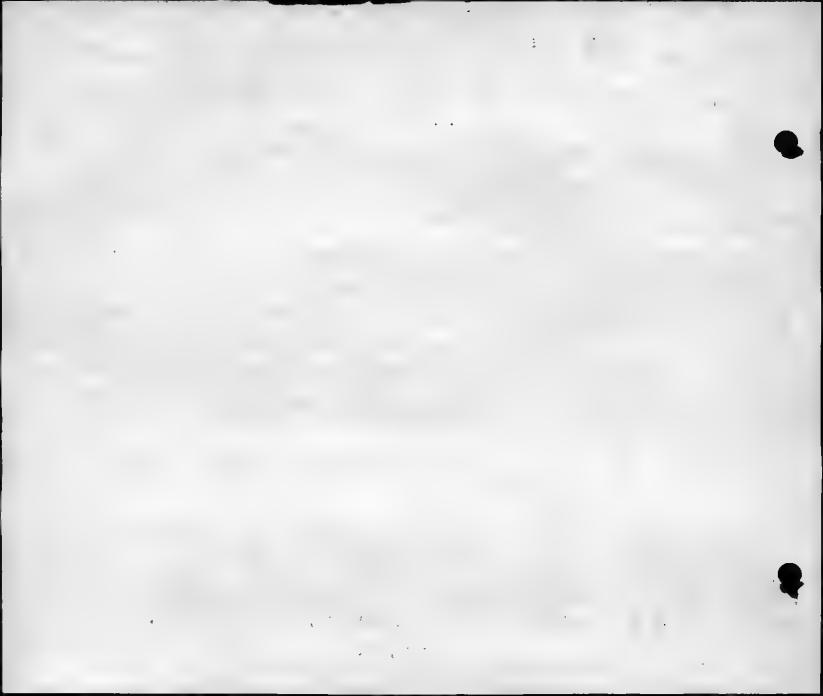
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



VS. A15ME 5M 7/59

	MARYLAND STATE DE	PARTMENT OF HEALT	[H
Division of STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
A STREET ASSESSMENT			- A II

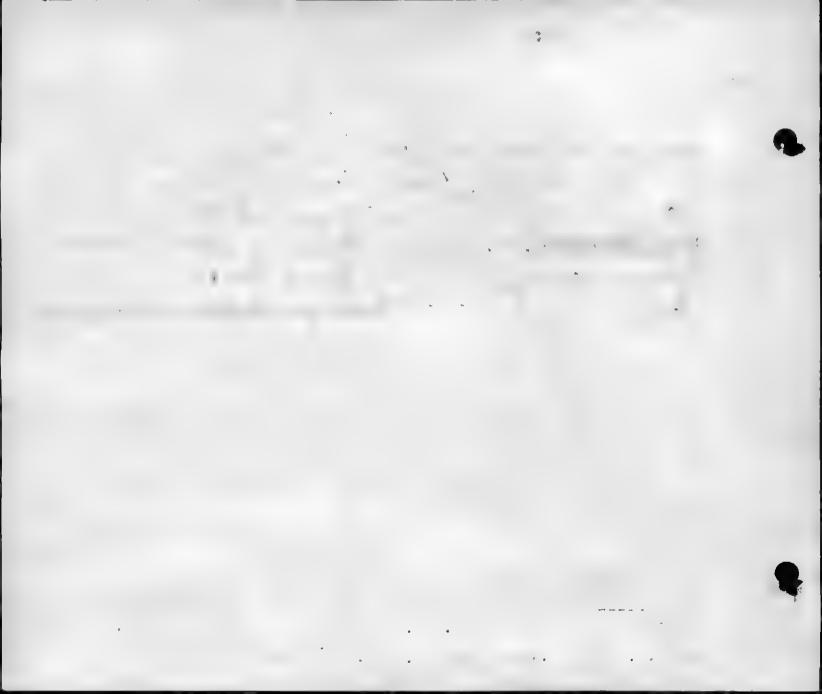
-	9199 MEDICAL EVAMINERS	CERTIFICATE OF DEATH	
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm.	ssion)
	24 W DAY HAID	a. STATE b. COUNTY	
1	b C.TY OR TOWN (if autistic forporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If ourside corporate lim is, write RURAL and the news lown)	40
V	Lethesia L.O.A	d, STREET ADDRESS 1 . IS RESIDE	
1	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS 1 e. IS RESIDE ON A FA	
	Suburban	- i weeff to	
3.	NAME OF DECEASED First Midd a	6914 Seven Locks Road Day Year OF OF	
	(Type or print)	DEATH 19	
5.	SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (IA Wars IF UNDER THE UNDER THE	HRS
	WIDOWED TO DIVORCED TO	iest birthdey) Months Deys Hours M	in.
10a		F12V 27 1920	VTRY?
.		Maryland 14. Mothers Malden Name	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas Hart. Was deceased ever in U.S. armed forces? 16. social security No. 17. II ss, no, or unkown) ((free give we rordetes of service))	Mary Harris NFORMANT Address	
1		Dorothy Hart (Wife) Same as a ove	
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]	1- 1 0 MINTERVAL BETWEE	N
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carporelial Insuffer on Sindle	<u></u>
	434 (DUE TO	0.00 11 11 1	_
	Conditions, if any, which (b)	ice hypertropley weekens	
	gave risa to immadiata causa		
	(a), stating the undarlying bose to cause lest.	uligonafae unto	
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
PA		PERFORME YES V	
HE	20a. EXTERNAL CAUSE WAS 1 20b. DESCR BE HOW INJURY OCCURED. (E	niar nature of Injury in Part I or Part II of item 18,)	
CERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stations, street, office bldg., atc.)	5
WED	Hour a.m. While Not While sacto	or y, silver, orsica diographical	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔀. Inspection 🔝, Inquiry 🔲, and in my opini	on
	death resulted from: Natural causes, Accident, Suici	de	
	A . A B	CHIEF MEDICAL EXAMINER	
1	SIGNATURE Trans	ASSISTANT MEDICAL EXAMINER DATE SIGNER)
	EXAMINER'S	DEPUTY MED CAL EXAMINER S-3/-6/	
	NAME (Typa)	Address (Chart also become as assets)	
221	Burial, CREMATION, 226 BATE THEREOF TO CHUT KAME OF CEMETERY OR Burial 6/5/61 Arlington Nat	tional. Arlington, Va. (State)	
23	FUNERALIDIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	Reflect L. Sundle Rookville, M.	DATE JUN 7 '61 in itun S. Kraus	



CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY Montopmery
b. CITY OR TOWN (if outside comprete limits, MARYLAND MINCE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give maerast town) Ξ akoma d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3. NAME OF DECEASED YES NO SAY completely OF (Type or print) DEATH 19 carbon COLOR OR RACE | 7. MARRIED NEVER MARRED 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. SO yrs. and Months DIVORCED W DOWED physician IDe USUAL OCCUPATION [G ve kind of work remove 10b, KIND OF BUSINESS OR INDUSTRY County & State or foreign country) done during most of working life, even if relified)
Refree Bark Clerk, Nat 13. FATHER'S NAME guipi 15. WAS DECBASED EVER N.U.S. ARMED FORC S? (Yes. No. or unkown) (fyesgivewerordetesofsay ce) 16. SOCIAL SECURTY NO. 17. INFORMANT Danitarium and Hospit 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 weeks IMMEDIATE CALSE (e) DUE TO (b) geve rise to immediate cause DUE TO (a), sleting the underlying PART II, OTHER SIGNIF, CANT COND, TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) | 19. WAS AUTOPSY certificate PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of Injury in Part I or Part II of item 18.1 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) Not While Hour a.m. et work at work may be retained. DIRECTOR: 3 should be del 19 6 /..., and that death occurred at S. 6 5 M, from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE **ATTENDING** PHYS. DIRECTOR PHYS. M.D. 22c PHYSICIÁN A FUNERAL 22d. ADDRESS TO FUNE director, g 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 236 23c. NAME OF CEMETERY OR CREMATORY (State) KENEUYAT (Specify) Falls Church, Virginia_ Cemetery 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) luth St. N.W. 15M 9/II0 Cirthur S. Kraus

AND STATE DEPARTMENT OF HEALTH

RESTON STREET, BALTIMORE 1, MARYLAND



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE Where deceased lived, If just fut on, Residence before edm ssion) e. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if oulside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mils, write RURAL and give nearest town) write RJRAL and give newest town) Pages ON A FARM? YES NO V DECEASED OF (Type or print) DEATH 5 SFX 9. AGE (in years IF UNDER I YEAR last birthday] Months WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWF attending pl Then please 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If Yes give wer or deles of service) None the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (e) Conditions, if any, which geve rise lo immediate ceuse DUE TO (e), steiling the underlying PART II, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO [2De. ACCIDENT WAS UNDERLYING __ OR CONTRIBUTING __ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of nury in Part or Part II of item 18.) F Health (IF EITHER, NOTIFY MEDICAL EXAMINER) tached 20d, INJURY OCCURRED ' 2De, PLACE OF INJURY (Home, ferm, ' 2Df, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, off ce bldg., etc.] Not While Wh le at work | et work | CIOR: 21. 1 certify that (I) (this hospital), attended the deceased from 5/30/ , and that death occurred at ... AM, from the causes and on the date stated above saw the deceased alive on. DIRE 22a SIGNATURE SIGNED PHYS. death. . 22d. ADDRESS 22c. PHYS CIAN'S director, be filed 23s. BURIAL, CREMATION, | 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) REMOVAL (Specify) Burial Ceme to ry Frince Georges County Md. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Thous 15M 9/60



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission e. COUNTY b. CITY OR TOWN of outside co c. CITY OR TOWN (If outs'de corporate limits, write RURAL write RURAL and give near IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 5. SEX OF BIRTH IF UNDER 24 HRS. 7. MARRIED 1 NEVER MARRIED Months Hours WIDOWED S De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done durying most of working life, even it repred WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no, or unkown) (Ifyesg'vewarordetesofservice) 18. CAUSE OF DEATH [Enter on y one cause per | ne for (e), tb , end (c. NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geva rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 201, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Not While factory, street, office bldg , etc. Wh'le Hour a.m. at work at work D. 70 19.6./, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Felica. 1953. ...19.6/..., and that death occured at 10.164 the tauses and on the date stated above. saw the deceased alive on5 226. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSIC ANS 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23dd LOCATION (C ty, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL_(Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

funeral

by the and 2 death.

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completely

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physician

ding

prior

DIRECTOR

FUNERAL

VR A15 (4) 15M 9/60

filed death.
TO FUI
directo

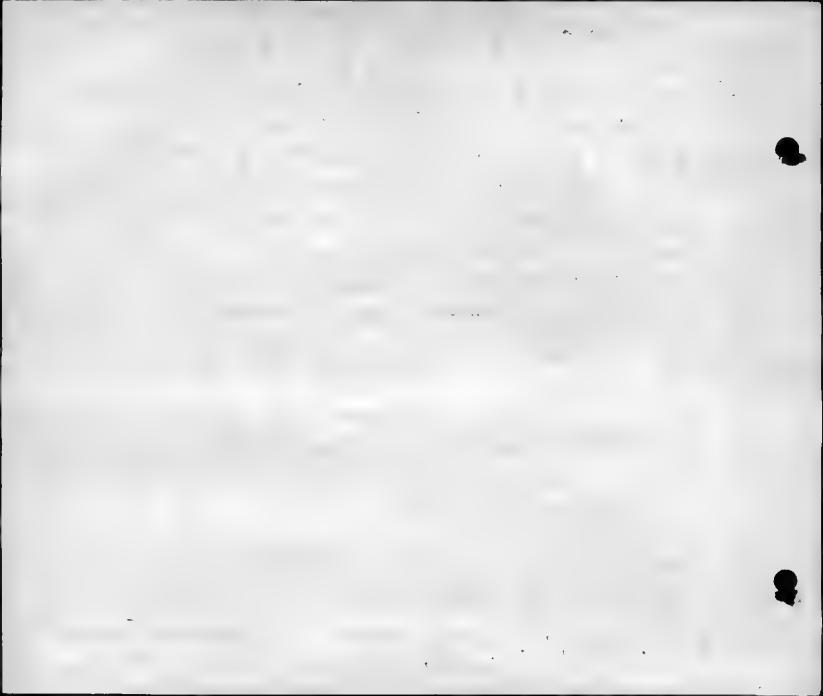
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BALTIMORE 1. MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion) I. PLACE OF DEATH a. COUNTY e. STATE 6. COUNTY director, Page or your files. MARYLAND b. CITY OR TOWN (if outside corporate I write RURAL and g venterast town) I c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete l'mits, wr'te RURAL and give noures town) your ŏ d. NAME OF HOSP, TAUOR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE eath, if an y ON A FARM? be retained YES NO W 3. NAME OF DECEASED the DEATH (Type or print) with AGE (In y sers WUNDER I YEAR 6. CO. OR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Deys Hours DIVORCED WIDOWED [USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, avan if patired) pages 14. MOTHER'S MAIDEN NAME 9 WAS DECEASED EVER NUS ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes. no. or unkown) (If yes give wer or deles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which geva rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART I OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS AUTOPSY PERFORMED? word NO V Medical 20b/ gESCRIBE HOW INJURY OCCURED. (Enter nature of intery in Part I or Part II of Item 18.) plnods 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c TIME OF INJURY Month, Dey, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work forwarded to I Inquiry V and in my opinion Natural causes Accident . Undetermined manner death resulted from Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE. DEPUTY MEDICAL EXAMINER NAME (Typs) Addrass (Streat, city, town, or county) please 22a, BURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 224, LOCATION (City, town, or country) REMOVAL (Specify) 40 May 16 1961 Parklawn Cemetery Montgomery County Maryland
24a, REC'D BY REGISTRAR' 74b, REGISTRAR'S SIGNATURE Inc. 8434 Georgia Avenue VS. A15ME arthur S. Kine Silver Spring. Maryland 5M 7/59 DATE

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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b. CITY OR 1 RURAL on	OWN (f	outs de corpore crest town)	ote i mit	, write	c. LEN	GTH OF \$3	TAY IN 16	c	. CITY OR	TOWN (IF	outside con	porote li	mits, writ	e RURAL	and giv	ие перте	st Jown)
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d NAME OF	HOSPITA	L (If not in hos	pitol, gr	ve street	oddress)	/_/		1	d. STREET		or Till To Day					8.	IS RESI	DENCE FARM?
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REMOVAL	(Specify)		102 1	- 1									_	17.3	,1		(51011	1
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TO FUNERAL DIRECTIVE: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPIE VR A15 (4) 15M 9/59

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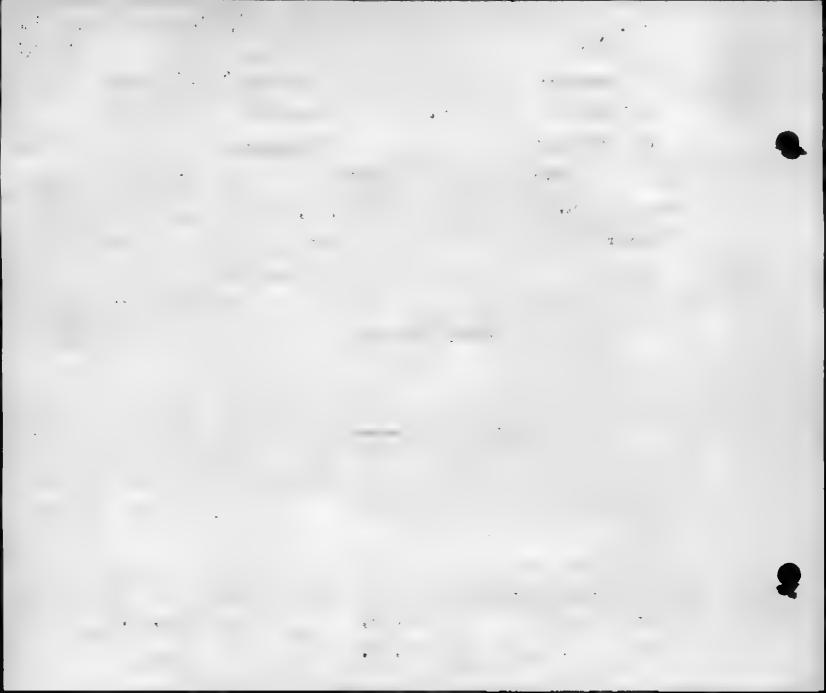
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W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER CERTIFICATE OF DEATH FOR STATE 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where dancesed I yed, If institutions Residence before edinission) e. COUNTY I director, Page or your files. **b.** COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown] Kensington d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) e. IS RES.DENCE ON A FARM? **SUU4 Emmodon St** retained he State B 4003 Haundon St YES NO F NAME OF Midd a 2 4. DATE Month Year DECEASED the (Type or print) Loward Ropkins DEATH 19 61 2 with ours after 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH last birthday) Months Devs WIDOWED DIVORCED Sept. 20. 1900 ge 5 10a. USJAL OCCUPATION (Give kind of work , 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page : File pages 1 and done during most of working life, even if retired) TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown I in Item 18. Give ong with form P. nsit permit. File p Carrie Hopkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ROSE NICKONS, Address 4003 Hamoden St., Kensington, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN in pencil in la
Office along v
burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Coremary Occlusion sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise lo immediate cause R) DUE TO (e), stelling the underlying Examiner cause last. nsed PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1691 19. WAS AUTOPSY PERFORMED? 20 Mistory of provious heart desease Medical should by NO T Ü 20b. DESCRIBE HOW INJURY O'CCURED. (Enter neture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY ... or CONTRIBUTING ... CAUSE OF DEATH. the Chief is Page 3 sion to burit 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF IN-JRY (Home, ferm. 201. 4C by or town) Month, Day, Year (County) (State) Not While fectory, street, office bldg., etc.) While al work at work execute the certificate, 다 다 다 다 다 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛨 Inquiry 🐷 and in my opinion please execute the certific the should be forwarded to private the place of the pla death resulted from. Natural causes Accident Suicide Homicide Undetermined manner 1 CHIEF MEDICAL EXAMINER ASSISTANT MED.CAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 5/25/61 NAME (Type) Broschart Address (Street, city town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, lown, or country) (State) 22a. BURIAL, CREMATION. Ash Memorial, Sandy Spring, Mi. 040 g ADDRESS 1 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE Rockville. VS. A15ME Cirting & times DATE!UN 7 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



ORE 1. MARYLAND

	DIAIZION OF ZIAIIZIICAT KEZEWICH WAR KECOKD? BATILWA
5805	CERTIFICATE OF DEATH

	o. COUNTY Montgomery	MARYLAND	o STATE Maryla	nd b COJNTY	lontgomery
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	RAL and give nearest fown)	
	d NAME OF HOSP TAL (If not in hospitol, give street OR INSTITUTION The Clinical Center, Beth	1 - 25 - 25 - 25 - 25 - 25 - 25 - 25	d STREET ADDRESS	nut Street	e S RESIDENCE ON A FARM? YES NO TO
	3. NAME OF PIRST THOMAS Thomas	Middle Gregory	Hutton	4. DATE Month OF DEATH May	Day Year 9, 1961
	5. SEX 6. COLOR OR RACE 7 MARK	_	January 5, 1	last birthdov)	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
	100. JSLAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Social Analyst S	kind of Business or INDU			12 CITIZEN OF WHAT COUNTRY? U.S.A.
1	13. FATHER'S NAME Thomas Hutton		14. MOTHER'S MAIDEN N		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		FORMANT The Me	dical Records dress	
), / DUE TO	cute pulmonary			INTERVAL BETWEEN ONSET AND DEATH 14 NOURS
	gove rise to immediate DUE TO	cute myocardial		tic heart disea	days se 15 + years
	PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal d sease condition give?	N IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES 1 NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port F or Part II of Item 1B)	
	Hour o.m. While	la.	ACE OF INJURY (Home, form clary, street, affice bldg., etc.		(County) (Stote)
	21 I certify that Q\$ (this haspital) attends saw the deceased alive on May 9	led the deceased fram	May 9, 19	61 to May 9, 100,000 the causes and	_, 19.61, that (M (we) last I an the date stated above.
	220. SIGNATURE Harry R. Herr		M.D. PHYS. D	ED. STAFF IRECTOR D PHYS. IX	5/9/61 225. DATE SIGNED
	22c PHYSICIANIS		1220 ADDRESS ATOLO	THE PARTY WAS A PARTY OF THE PA	A COLUMN TO A COLU

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic on and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

23c NAME OF CEMETERY OR CREMATORY Crematory Cedar Hill

23d LOCATION (City town, or county)

Clinical Center, Bethesda 14, Md.

(Stote)

05793

230 BJRIAL, CREMATION REMOVAL (Specify) Cremation 5-10-61 24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

23b. DATE THEREOF

22c PHYSICIAN'S NAME (Type)

ADDRESS Bethesda, Md.

Harry R. Keiser, M.D.

25a REC'D BY REGISTRAR DATE MAY 11 '61 nd, Maryland
256 REGISTRAR'S SIGNATURE Orllan S. Kraus

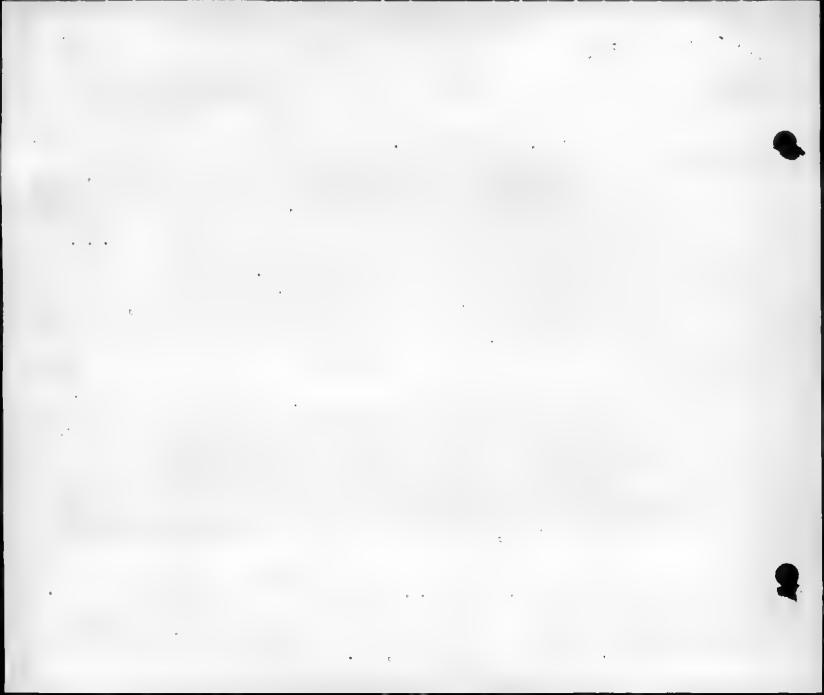
TO HOSPI VR A15 (4) 15M 9/59

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the attending physic on and completely filled in 57 the tunero Then please remove corbon papers. Pages I and 2 should be

Her death Page &

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



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r) _k		OR INSTITUTION	IL (if not in hospital, g	ive street	oddress)		d. STREET ADD	RESS					RESIDENCE	
			ical Center	r			130 Pa	rsip	pany	Road			□ NO ■	
		NAME OF DECEASED	Fir	si ²	Middle		Last		4. DATE	Mon	th	Day	Year	
		(Type or print)	Edw	ard	Joseph	1	zykowic	5	DEATH	May	7	2,	19 61	
	5 5	SEX	6 COLOR OR RACE	7- MAR	RIED 🔼 NEVER MARRIED	□ B D	ATE OF BIRTH			9. AGE (In years lost_birthday)		Days Hou		
		Male	White	WIDOW	tout .		March			35 угз.				
	10a	. USUAL OCCUPATION during most of working	N (Give kind of work on life, even if retired)	done 10b.	. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE	E (Stote of	r foreign c	country)	12 CITI		T COUNTRY?	
	_	Tuck Drive	er					Jer				USA		
T	4.	FATHER'S NAME				1	4 MOTHER'S MA		ME					
T		George Izy					Anna Sh							
		WAS DECEASED EVER	IN U.S. ARMED FOR f yes, give wor or dates of s		SOCIAL SECURITY NO					Record Add		h4 m		
	_	No			None	The	Clinica	1 Cer	ster,	Bethesda	LIL	Maryl	and	
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BET ONSET AND I													
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	DUE TO aortic valve													
		Conditions, if on		Ao:	rtic valvula	rr in	suffici	ency				4-5	months	
		gove rise to im couse (a), stating the					E	1.0 1 4 .	,	The second				
	_	Tying couse last.) (c		pacute bacte									
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO													
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	EDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Yes	20d While			OF INJURY (Hor, street, office bl		20f (Cit	y or town)	(<	County)	(Stote)	
	ME	p. m.	19	ot wa	rk ot work							-		
		21. I certify that	(I) (this haspital) aften	ded the deceased fi	om Fek	ruary 2	3,196	L tak	ay 2,	, 19_	that (I) (we) last	
		saw the decease	ed alive an _Ma	y 2,	19. 61 , and the	hat deat	h accurred o	12:01	PHom	the causes an	d an the	date stat	ed abave	
		220 S G ATURE	f2 1	7 /	1/17			MEE		STAFE		_	22b DATE SIGNED	
	WO PAIS DIRECTOR PAIS 2									5-2-6)T			
		22c PHYSICIAN'S NAME (Type)	James L.	Talb	ert M.D.		22d ADDRESS	The		nical Cer	2002			
	_	l <i>_{//</i>					Nation			utes of I		13		
	_	REMOVAL (Specify)		F	23c NAME OF CEMET	RY OR CE	REMATORY	رالد عام	tsa loca	field (City, fown,	סר כסטחוץ}	(Stote)	
		urlaL-Tra		/61		s_Ce	metery			ippany,		Jerse	У	
		Robert A	Pumphre	v	Bethesda.	Mary	hre [BY REGIS	TRAR 255 REG	STRAR'S SIC	SNATURE		
			- Tombile	4		}	D.	ATE MAY	1 36	11 /7	74	10		

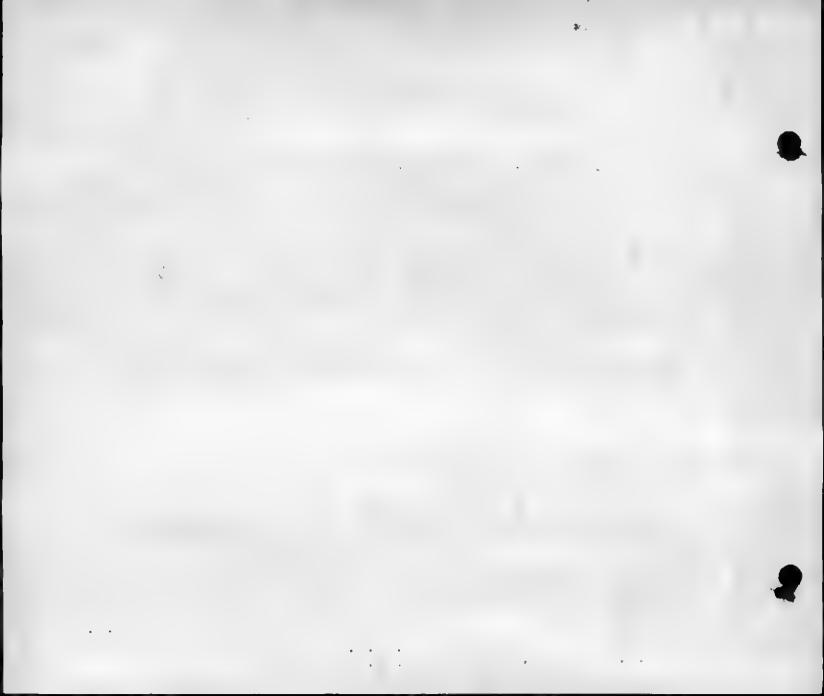
may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPY VR A15 (4) 1SM 9/59

death. Page

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24



LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND AND RECORDS, 301 Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY Page THE RESERVE OF THE RE 3 to the funeral director. Page 3 to the funeral director. omero lont gomeru b. CITY OR TOWN (if outside corporate fimits, write RURAL and oute neerest Town) e. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO P retained he State B DATE Month Jämes DECEASED OF the [Type or print] DEATH 19 70 9. AGE (In yours IF UNDER 1 YEAR with 16. COLOR OR RACE IF UNDER 24 HRS. 2 with NEVER MARRILD s f, 2, and 3 age 5 may 1 and 2 wit 72 hours lest birthday) IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s done during most of working life, even if retired) Pages pages 1 PM3. 13. FATHER'S NAM Give 百百 TOT I 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT in Item 18. permit. (Yes, no, or unknown) | (If yes give wer or detes of service) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Budde ounary **DUE TO** Conditions, if any, which (b) gave rise to Immediate cause 60 DUE TO (e), sloting the underlying **Examiner** S cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be e word 200. EXTERNAL TAUSE WAS
PRIMARY O LEONTRIBUTING CAUSE OF DEATH NO X Medical 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of fatury in Part I or Part II of Ilem 18.) EXAMINER: Chief Me age 3 sho to burial, 20c. TIME OF INJURY Month, Day, Year | 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, . 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work forwarded to the et work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry V and in my opinion Natural causes X Accident . Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE LA DEPUTY MEDICAL EXAMINER should NAME (Type) Address (Street, city, lown, or county) DEF 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₽40 g Congressional Cemetery Ö Washington, D.C. buria] 23. FUNERAL DIRECTOR 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Colling & Thousa VS. A15ME 161 The S.H. Hines Co. Washington 9. DATE WIN 1 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CTY OR TOWN (If outside corporate lim RURAL and give nearest lown) Silver Irring	ets, write c LENGTH C	of STAY IN 16	c. CITY OR TO	WN (If outside o	corporate limits, write R	URAL and give n	7 7
1	NAME OF HOSPITAL (If not in hospital, or INSTITUTION Deau Gardens Mui	•		d. STREET ADI	oress Lohfield	Street		e. IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED pe or print Bertha	rst J	Middle Joh	neen	4. DA		11	Pay Year 1961
5 SEX		MARRIED NEVER	MARRIED	B DATE OF BIRTH June 11.	1877	9. AGE (In years lost birthdoy) 83 yrs	Months Days	Hours Min
10a L	SUAL OCCUPATION (Give kind of work luring most of working life, even if retired	done 10b. KIND OF 8US	INESS OR INDU	Sweden	•	gn country)	12, CITIZEN O	OF WHAT COUNTRY
	THER'S NAME	OWLL HOME		14. MOTHER'S N				
15 W	As DECEASED EVER IN U. S. ARMED FOI O, or unknown) (If yes, give wor or defea of			NFORMANT		906 Crutc		Street
18	B. CAUSE OF DEATH [Enter only one of PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Doortoo	ond (c).]		. Johnso	n Falla Chu	IIN	TERVAL BETWEEN NSET AND DEATH 1 hour
	Candillons, If any, which gave rise to immediate cause (a), stoting the under	Lobar P	neumon	ia, Left	-,			5 Laye
		на Нешіраг натіону сонтявиться		left NOT RELATED TO T	HE TERMINAL DI	SEASE CONDITION GIV	VEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
	OG ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW IN	JURY OCCURRE	D. (Enter nature of	injury in Part I a	r Part II of item 18)		
MEDICAL	De TME OF INJURY Manth, Day, Ye Hour a.m. p. m. 19	20d INJURY OCCUR While Nat while of work at work	le fo	ACE OF INJURY (Ho ctory, street, office b	ome, farm, 20f oldg., etc.)	(City or fawn)	(Count	y) (State
	I I certify that (I) (this haspital aw the deceased alive an [2]					ta <u>May</u> 1.		7 7 7
	20 SIGNATURY J.	That	2 /	ATTENDING PHYS	MED DIRECTO	STAFF		226 DATE SIGNED V Dy 11.
2	NAME (Type) Robert	Thibade	વાા, ૧.	22d ADDRES	1060 Kens	. 1 2	d Stree	:t
23a (BLE AL GREWATION 236 DATE THERE		of CEMETERY C	Cemetery		OCATION (City, town,		(Stole)
Wa	nsit burial 5/12/61- NEFAL DIRECTOR'S SIGNATURE rner E. Pumphrey, I	inc. 8434 Ge Silver Sp	orgia A	venue	So. REC'D BY R	EGISTRAR 255. REGI	STRAR'S SIGNAT	TURE

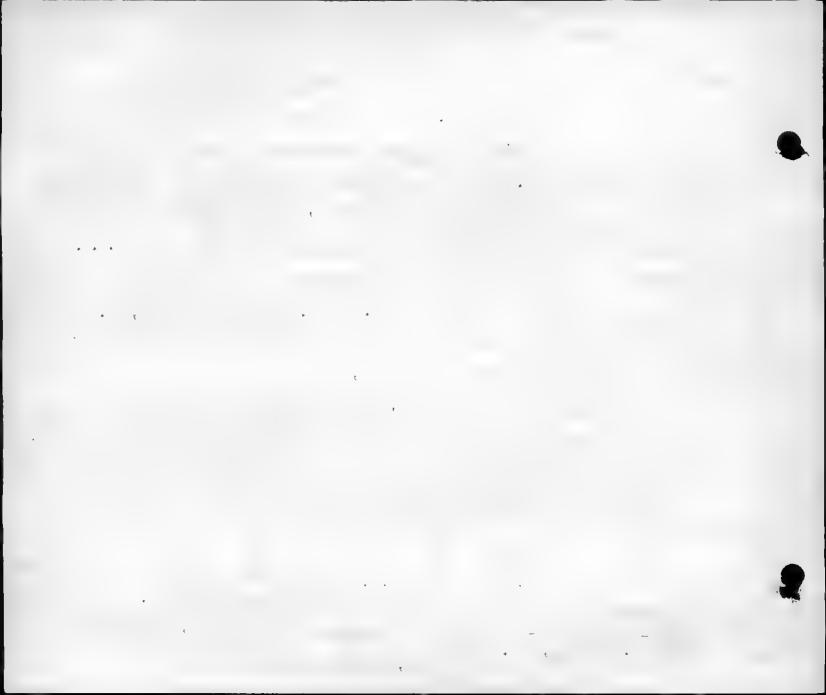
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may be a by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, pages 3 shauld be detached for use as the burial-transit perm 1. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, gegnation, or remayal, and in any event, within 72 haurs after death. TO HOSPI VR A15 (4) 15M 9/59

fter death Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24



STREET, BALTIMORE 1, MARYLAND funeral 2. USUAL RESIDENCE (Where deceased I ved. If institution: Rasidence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN If outside corporate limits, write RURAL and give naerast town) dan d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? NAME OF DECEASED (Typ) or pr nt) DEATH 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX IF UNDER 24 HRS. AGE IN YEAR I UNDER 1 YEAR ! ast b inhdey) WIDOWED DIVORCED physician 1 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending VIRGINIA and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknwn) | (Ifyes give wer or detes of service 2/02 ATHERINE F the 18. CAUSE OF DEATH [Entar only one cause per line for (a), b), and (c), INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying ceuse lest, Ö PART II OTHER'S ON FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY certificate PERFORMED? NO JA 200. ACCIDENT WAS MINDERLYING L. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Part II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY , 20e. PLACE OF INJURY Home, ferm, 20f. (City or town) (County) (State) Month, Day, Yeer 20d. INJURY OCCURRED fectory, street, office bldg., etc.) Not While While CIOR 195 (10 /2002) , 196 (, that (1) (wa) last saw the deceased alive on ... may b DATE 22a. SIGNATURE ATTENDING SIGNED DRECTOR PHYS. PHYS. 226, PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNE 23d./LOCATION (C.IV. lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) anderes Church 0 7 8 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S- SIGNATURE **VR A15 (4)** 15M 9/60



death mertificate be exmauted within 24 in therefore. Page 4 intending #Usician and campletely filled in by the funeral director, please remaye carban papers. Pages 1 and 2 shauld be filed with

may be by the haspital or attending physician.

INTERNATION Assistance of the haspital or attending physician.

INDIRATE MIRECTOR: After this certificate has been signed by the attending as should be detached for use as the burial-transit permit. Then plea

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RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, if institution: M a. COUNTY a. STATE **b.** COUNTY b. CITY OR TOWN (if outside-corporate I mits, write RURAL and give nearest lown) MARYLAND D. CHIGARY by the C. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give/nearast lown) 111121 OF HOSPITAL ON INSTITUTION of not in hospita, give street address e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF DESCRIPTION OF THE PARTY OF THE OF [Type or print] DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 1 . 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) lest birthdey) Months Hours WIDOWED TH 1Db. KIND OF BUSINESS OR INDUSTRY 10e. USUAL OCCUPATION (Give kind of work & State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife U.S.A. Own Home Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ireland Ireland Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (Ifyesgivewerordetesofservice) Mrs. Harold D. Brockwell No No NONE NONE 10,033 Dallas Ave, Silver Spring, Maryland Between ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying couse last. PART II, OTHER S.GN. FICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLY NG ___ 2Db DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2Dd. PLACE OF INJURY (Home, farm 2Df. (City or lown) (County) 20c. T.ME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) _Not While Hour e.m. et work et work 21. I certify that (i) (this hospital) attended the deceased from Mkg. 15 saw the deceased alive on Mu 22b, DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) , 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) May 23, 1961 Parklawn Cemeterv Montgomery County, Maryland Warner E. Pumphrey Inc. 250, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRES5 VR A15 (4) Georgia Ave. DATE MAY 2 6 '61 arriver & there

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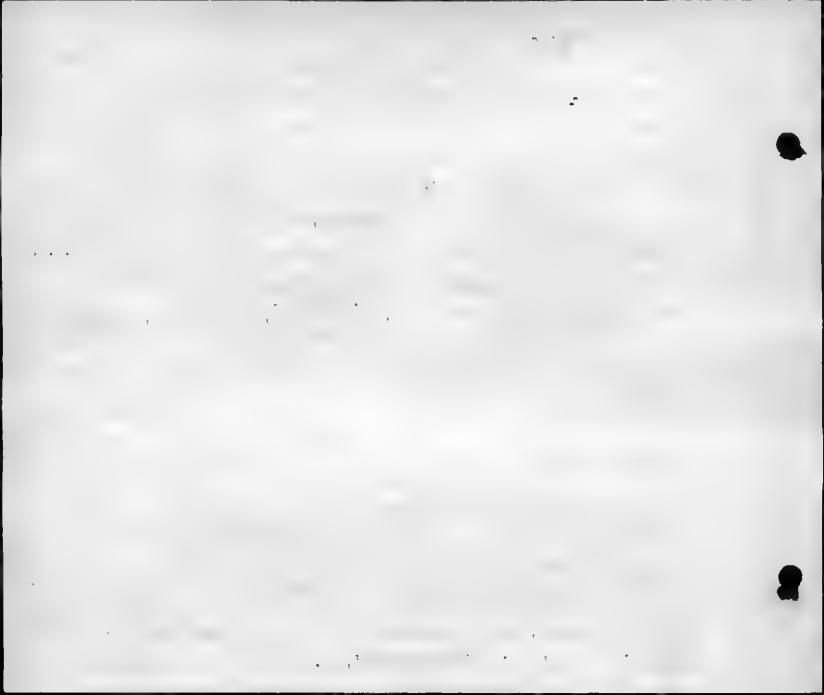
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may be

FUNERAL

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15M 9/60



Robert Hare, M. D. Washington Sanitaium and Hospy H MAY

m. IS RESIDENCE ON A FARM? YES NO

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

22b. DATE

SIGNED

YES T NO

America

(County)

Cather S. Kines

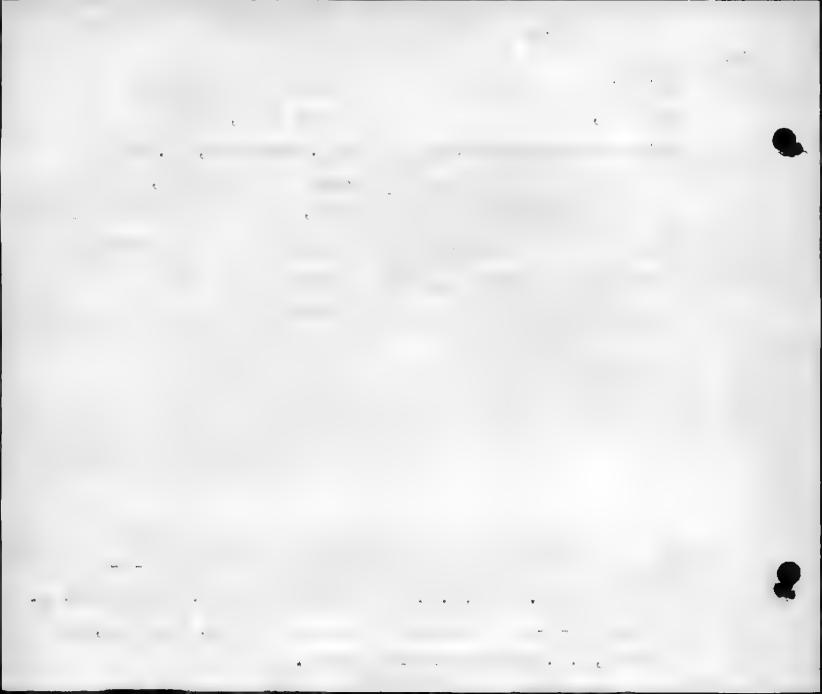
256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

may be retained. DIRECTOR: death.

O FUI
directo VR A15 (4)

15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



TO HOST

See The Author And ALTENDING PHYSICIAN: The law requires that the death certificate be executed

death. Post may be retained by the hospital or attending physician.

To funeral Directors. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. To should be the filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

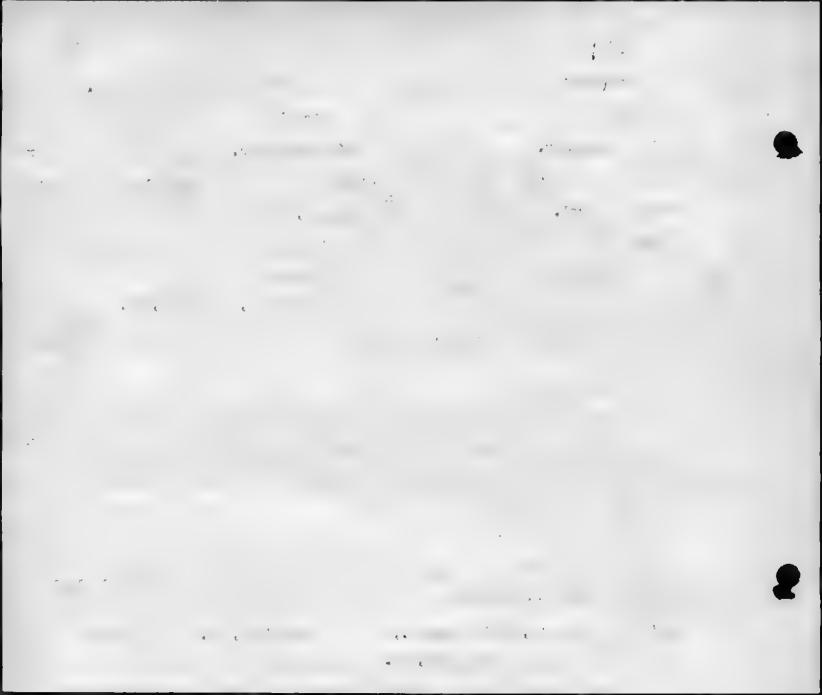
MAI	RYLAND STATE DEPARTME	ENT OF HEALTH	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. P	PRESTON STREET, BALTIMORS	1, MARYLAND
FO::	CERTIFICATE OF D	EATH	1500

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		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H institution: Residence before admission)
Ν	a.	COUNTY a. STATE M. 6. COUNTY
П		THOUT CHOTTES -1 MARYLAND MARYLAND MARYLAND
ч	b.	CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town)
4		write BURAL and given agreed town
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	10.	. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g'va styret address) d. STREET ADDRESS ON A FARM?
	- 9	The state of the s
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		VAME OF Lest 4. DATE Month Day Year DECEASED
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		Months: Days Hours Min.
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/	10a.	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY
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	5	time Olason flivate West. Virginia Widit -
	13,	FATHER'S NAME
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	0	amust a ones. March
	15.	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
		no, or unkown) (Ifyeig vewaror dates of service)
		71 -12 217-03-36357//- 1-stella James/ Andrews
	- γ	18. CRUSE OF DEATH [Inter only one cause pertite for [et. (b, and (c)]
		I ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAJSE (a) Cagelial Intage tran
		3.3.2 X DUE TO
		Conditions, if any, which (b) Chelledee / Million house
		geve rise lo immediale ceuse
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i		course lest. (affection (affection)
1	_ -	The state of the s
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	F	YES X NO TO
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		206, ACC DENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH
		IJF EITHER, NOTIFY MEDICAL EXAMINER!
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (C by or fown) (County) (Stete)
	<u>a</u>	Hour m.m. While Not While factory, street, office bldg., afc.)
	×	p.m. 19 et work at work
		21. I certify that (I) (this hospital) attended the deceased from.
		saw the deceased alive on
		226 SGNATURE 22b. DATE
		ATTENDING MED. STAFF PHYS. D RECTOR PHYS.
	:	22c. PHYSICIAN'S CITTED TO ALL ALL ADDRESS
		NAME (Typo) At 16 OANISH GOT RESERVENCE SA CHOWN African KIS
	!	
		BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	R	EMOVAL (Specify) 5/27/61 Performed Church Com Shanbardstorm W Va
		Burial 5/27/61 Reformed Church Cem. Shephardstown, W. Va.
	24 8	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	R	Robert A. Pumphrey Bethesda, Maryland PATE MAY 20'61
		DATE WAI 29 67 Outline to



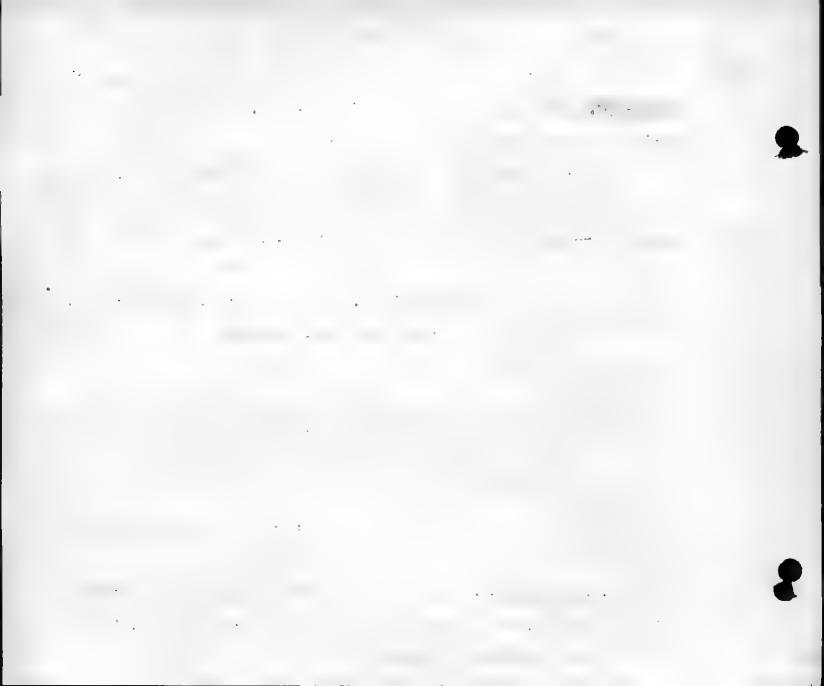
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER Item y rim Geov Unit HILL 1. PLACE OF DEATH 2. USUAL RÉSIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY Page a. STATE **b.** COUNTY Montgomery director. Page MARYLAND b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Rookville Rockville Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS for e. IS RESIDENCE ON A FARM? be retained the the State Batter death. 124 Johnson Dr. Johnsen Dr. 124 YES NO 3 to the fund 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) Mary DEATH with the Jones 19 death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE IIn Jagra IF UNDER 1 YEAR IF UNDER 24 HRS. may b "age 5 ms. Tand 2 w. last birthday) Months | Days female WIDOWED [DIVORCED ve Pages 1, 2, an Sept. 20, 1883 10m, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (Stelle or foreign country) Page 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) none in pencil in Item 18. Give Pages Office along with form PM3. Pages within **Virginia** UST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown E Unknown This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) ((fyesgivewerordeteso(service) Emily Harriday, Rockville, M. Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN .5 I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Coronary coclusion IMMEDIATE CAUSE (e) audden noval, **DUE TO** burial Conditions, if any/ which (b) "pending" geve rise to immediate cause (1) DUE TO (e), steting the underlying Medical Examiner 50 ᆼ cause last. nsed cremation, PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01, 19, WAS AUTOPSY CERTIFICATION PERFORMED? Word 2 NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter neuro of Insury in Part I or Part II of them 18.1 Chief Medage 3 shows to burial, PRIMARY | or CONTRIBUTING | IEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, a execute the certificate, writingly build be forwarded to the ChinneRAL DIRECTOR: Page designated agent, prior to b 20f. (City or lown. (County) (Stela) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection Inquiry | and in my opin on should be forwarded to FUNERAL DIRECTC r its designated agent, p Natural causes death resulted from. Accident Undetermined manner Suicide I Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1961 **EXAMINER'S** Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 8928 DE 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stelle] REMOVAL (Specify) ö 040 Buria 1 27, 1961 246. REGISTRAR'S SIGNATURE 23. FUNDRAL DIRECTOR VS. AISME SM 9/60 Cahur & Thous

MARYLAND STATE DEPARTMENT OF HEALTH



ATTENDING I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

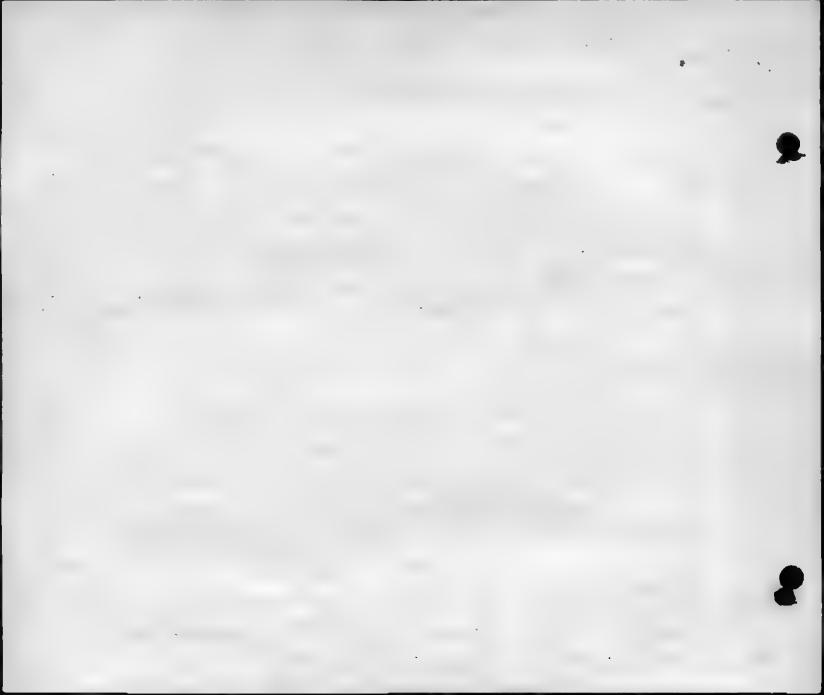


FOR STATE HEALTH DEPT. TO DE CALEDICAL EXAMINER: This cert incre should be executed within 24 hours after death. If are to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before as

MEDICAL ENAMINES	GERTIFICATE OF E	0.0884
MACE OF DEATH		essed lived, If Institution Residence before admission)
montgomery MARYLAND	o. STATE DE	6. COUNTY
b. CITY OR TOWN (if outside contorate limits, write BURAL and give nearest town)	c. CITY OR TOWN (If outside corpor	ate I m is, write RURAL and giv naturest lown!
Rockwille /2 hr.	- Washwate	n
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Lakewood Country Club	5415 Conn. 0	UK, NW YES NO M
NAME OF First Middle	Last 4. DATE OF	Month Day Year
(Type or print) Donald C, Ken	The DEATH	may 16 1961
SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8.		AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday Months Days Hours Min.
Male white WDOWED DIVORCED []	12-20-05	53-ya.
LSUAL OCCUPATION (G ve kind of work ne during most of working life, even if retired)	/ 11 BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
Vitro Corp. Vitro Corp	Wisconsin 14. MOTHER'S MAJDEN NAME	M-S.a.
WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. 17 TI		n Adphoss C. N. W
is, no, or unkown) (livesgive were referenced less of service)	WasiiTiiku	r-3338016th Street.
18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).]	,200 100261, 020001	INTERVAL BETWEEN
PART F. DEATH WAS CAUSED BY:	usion	ONSET AND DEATH
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gave rise to immediata cause		1.4vek. 17
(a), slefting the undarlying cause lest.		10.
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CAUSE OF DEATH.		
To the state of th		or town) (County) (State)
Hour a.m. While Not While p.m. 39 at work at work	A PARAGON, OTHER DICENT, O'C.	
	d an Autopsy Inspection	Inquiry and in my opinion
death resulted from. Natural causes K. Accident . Suici	de, Homicide, Unde	etermined manner
1	CHIEF MEDICAL EXAMINER	based
SIGNATURE Trank J. Broschait	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S POLICE DE COLON	-	- / 6 - 6/
RIDIAL CREMATION 226 DATE THEREOF 222 NAME OF CHIEFTER OF	Address (Street, city, lown, or co	unly)
REMOVAL (Specify)	ZZU, LOCATO	Not found for each till to follow.
Cremation 5/17/61 Cedar Hill C	rematory Suit	land Maryland IR 246. REGISTRAR'S SIGNATURE
	MARYLAND b. CITY OR TOWN (if outside conforate limits, write RURAL and give nearth town) b. CITY OR TOWN (if outside conforate limits, write RURAL and give nearth town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (17yp or print) SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WILL W DOWED DIVORCED 10b. ND OF BUSINESS OR INDUSTRY WE during most of working life, even if retired) VITTO CORP. FATHER'S NAME VITTO CORP. WAS DECASED EVER IN U.S. ARMED FORCES? 5, no, or unkown], (Ifyes give were ordeless of service) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause (a), sletting the undarlying cause lest. DUE TO CAUSE OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Color of the color o	B. COLONTY MARYLAND D. CITY OR TOWN (if outside coporate limits, with BURAL and give nearly frown) MARYLAND D. CITY OR TOWN (if outside coporate limits, with BURAL and give nearly frown) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MARE OF HOSPITAL OR INSTITUTION (if not in hospital, gives fired address) MIGGORY MIGGORY MIGGORY MIGGORY MARE OF HOSPITAL OR STRIPL MARE OF HOSPITAL OR RESTRIPLY MARE OF HOSPITAL OR STRIPL MARE OF HOS





MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. STATE director, Page MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give natrast lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? retained he State B NAME OF YES NO Z DECEASED OF the (Type or print) DEATH 30 may 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED W NEVER MARRIED l and 2 will 72 hours at last birthday) Months | Days | WIDOWED | DIVORCED T On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages I á 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkow) | (If yes give war or detes of service) Office along w burial-transit pa 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) should be **DUE TO** Conditions, if eny, which gave risa to immadiate cause. 10 10 DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19, WAS AUTOPSY PERFORMED? 8 Medical frevious NO 20%. EXTERNAL CAUST WAS PRIMARY OF CONTRIBUTION should 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert f or Pert II of Item 18.) CAUSE OF DEATH. writing Chief / age 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or lown) (State) While Not While factory, street, office bidg., etc.) Hour a.m. the St al work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... 5 <u>0</u> g Inquiry X and in my opinion Should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes 🔏 Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 8928 220. BURIAL CREMATION 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p Cedar Hill Crematory Suitland Maryland Cremation Suitland, Maryland 23. FUNERAL DIRECTOR Robert A. VS. AISME Pumphrey Bethesda, Maryland Cothy S. House 5M 9/60

MARYLAND STATE DEPARTMENT OF REALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND



, and 1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
*, I W	М	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
5 EZ	۳ =	
n 24 hours eft din by the fune ss I and 25 hours fter death.		PLACE OF DEATH COUNTY Montgomery CITY OR TOWN (if outside corporate timits, write RURAL and give nearest lown) Winter RURAL and give nearest lown) Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. STATE District of Columbia c. C.IY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Washington d. STREET ADDRESS e. IS RESIDENCE
executes with completely filler on papers. Pagithin 72 hours a		U. S. Naval Hospital NAME OF DECEASED (Type or print) Adele Cooke KINGSTON 5. SEX 6. COLOR OF RACE 17 MARRIED FT NEVER HARRIED FT 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF JNDER 24 HRS.
certificate be physician and remove carbo any event, wi		Female Caucasian WIDOWED DIVORCED 1 9-25-79 So USLAL OCCUPATION Give kind of work done during most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) Homemaker 12. CITIZEN OF WHAT COUNTRY WARYLAND USA 14. MOTHER'S MAIDEN NAME
ding ding deast ad in		Charles W. COOKE Josephine ROGERS
The law requires that the or attending physician. has been signed by the attente burial-fransit permit. Then urial, cremation, or removal, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((Ifyesgive warrordefesofservice) None (H) Arthur Kingston, same as #2 above INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Cond trons, f eny, which geve rise to immediate causa (a), stelling the underlying couse lest. (c) 16. SOCIAL SECURITY NO.1 17. INFOHMANT Address None (H) Arthur Kingston, same as #2 above INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH Force Could trons, f eny, which geve rise to immediate causa (a), stelling the underlying (b) DUE TO (c)
rSICIAN cospital certificate use as the rior to b		PART II. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 200, ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part I of Plant 18.)
L OR ATTENDING PHY 4 may be retained by the h 2 DIRECTOR: After this o 3 should be detached for the State Dept. of Health pt		OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COLOR CO
TO HO.		22c. PHYSICIAN'S NAME (Type) G. B. TOWNSEND, IT, MC, USN U. S. Naval Hospital, Bethesda, Md. 23a. BJRIAL, CREMATION, 23b. DATE THEREOF PARTING TO REMOVAL (Specify) Burial Arlington National Arlington Arlington Arlington Virginia Address WashDC Jos. Gawler's & Sons Funeral Home, 1756 Pa. Ave. NWPATE MAY 2 4 '61 C. Limy J. Triange
		A POSSO T. OFFICE TOWN I TO VOTA TOWN IN THE TOWN IN T

1 1 2 2 .: 1 * ** * ** La La 1.2

	ly filled in by the funmral director,	and 2 should be filled with	(
	the attending physician and ammpletely filler	Then please remove carbon papers. Pages 1	and in any event, within 72 hours ofter death.
may be red by the haspita or attending physician.	TO FUNERAL DIRECTOR: After this cert ficate has billed signed by the attending physician and #illimps.	page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours offer deat

VR A15 (4) 15M 9/59

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hc

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1. PLACE OF DEATH C. COUNTY Montgomery		MARYLAND	2 USUAL RESIDENCE (STATE Maryland	Where deceased live	ed. If institution: b. COUNTY MON	Residence before	admission)		
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Bethesda	'/	238 days	88 days Kensington						
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give sl	freet address)	d. STREET ADDRESS			e.	ON A FARM?		
The Clinical Ce	nter, Be	thesda 14, Md.	11908 Cor	onada Pla	10e	- 1	YES 🔲 NO 🔼		
3 NAME OF DECEASED (Type or print)	First	Middle Lynn	Kruis	4. DATE OF DEATH	Month May	Doy 17	Year 19 ♣ €		
S SEX 6. COLO	R OR RACE 7. J	MARRIED 🔲 NEVER MARRIED 🍱	8 DATE OF BIRTH	9 /	101		F UNDER 24 HRS		
Female Whi	.te wid	DOWED DIVORCED	November 21,	1951 9	9 yrs "	onins obys	ridurs min.		
10a. USUAL OCCUPATION (Give k during most of working life, et	ind of work done				ry)		WHAT COUNTRY		
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13. FATHER'S NAME			14. MOTHER'S MAIDE						
Richard Kruis			Mae Van						
	ARMED FORCES?		INFORMANT The ME						
No		None T	he Clinical C	enter, Be	ethesda :	Li, Mary	land		
Conditions, if any, which gave rise to immediate couse (a), stating the under-	DUE TO	? Pulmonary embo					months		
200 ACCIDENT WAS UNDER!	YING 20b	DNS CONTRIBUTING TO DEATH BU					WAS AUTOPSY PERFORMED? YES A NO		
TO TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 2		PLACE OF INJURY (Home, f factory, street, office bldg.,		town)	(County)	(State		
saw the deceased o ive	Manue	tended the deceased from 17 19 61, and that	September 23	1960 to Ma	y 17 causes and		it (I) (we) las stated obave		
220 SIGNATURE	BB	Hok	M D PHYS	MED.	STAFF F		226 DATE 5/18/61		
22c PHY STS NAM (CP)	1	B. BLOCK, M.D.	Institut	e Clinica es of Hea	afth, Bet				
230. BURIAL MATION. 236 C	ay 12,1	961 Zert 12 he	of Corneling	23d LOCATION	201212	Ele, in	wich		
24 FUNERAL DIRECTOR'S SIGNAT	ure beri	2 60 Niverda	1 Mg 259 R	ec'd by registrar y 22'61		RAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence being admission) a. COUNTY filed b. COUNTY b. CITY OR TOWN (If outside corporate limits, write-C LENGTH OF STAY IN 16 CITY OR TOWN (If imits write RURAL and giver earest town) RURAL and give perest tow should d. NAME OF HOSPITAL (If not in hospital, give street address) 15 RESIDENCE ON A FARM? OR INSTITUTION YES NO T NAME OF DATE Middle Year Day DECEASED Pages (Type or print) DEATH 196 9. AGE In years UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 2 papers. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of Jork done) 10b KIND OF BUSINESS OR INDUSTR during most of working life, even if retired) meetic 13. FATHER'S NAMES 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY emation, PERFORMED? 123 YES TO NO T 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Doy, Year (County) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p m 21 I certify that (1) (this haspital) attended the deceased from Tell 1961, that (I) (we) last , and that death accurred of AM, from the causes and on the date stated above. sow the deceased alive on. 22o SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS M.D 22c PHYSICIAN 22d ADDRESS NAME (Type Oy be r FUNER 23d. LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, (State) page the Sta REBOYAL (Specify) Lincoln Park. Rookville. Mi. 25h. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR Rookville, Mi. VR A15 (4) DAMAY 1 8 '61 Circling S. Tranc 1SM 9/59

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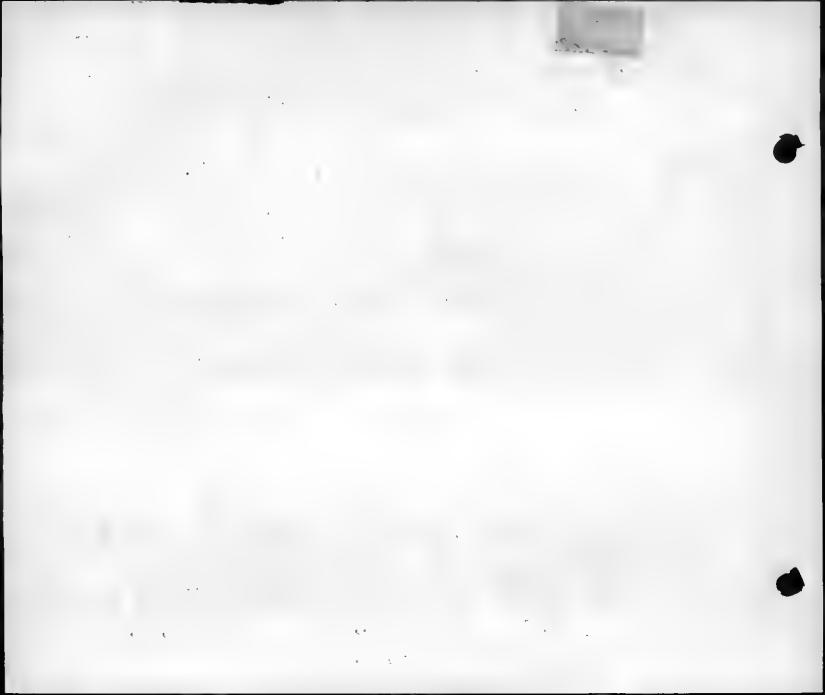
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH a. COUNTY	Mentg.	MARYLAND	2. USUAL RESIDENCE (W. g. STATE West V		. If institution: Resid b. COUNTY	dence before admission)
B CITY OR TOWN RURAL and give Galtice:	(If outside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Darkes		mits, write RURAL or	nd give nearest town)
	Oury methodist		d. STREET ADDRESS		83	S RES DENCE ON A FARM? YES NO 12
3 NAME OF DECEASED (Type or print)	Delilah	Middle Mav	Legg	4. DATE OF DEATH	Month	Day Year // 19 6 /
5 SEX			B DATE OF BIRTH	9. AG	E (In year) IF JND	ER I YEAR F UNDER 24 HRS.
Female	White wipowi		November 5,		90 yrs 6	6
100. USUAL OCCUPAT during most of wo House V	IION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU	Hampshire	co.,West		U.S.A.
13. FATHER'S NAME	1 -4 to V		14 MOTHER'S MAIDEN	NAME		
Samue	1 W. Anderson		Sarah	Elizabeth	Kibler	
15. WAS DECEASED EN	/ER IN J S ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IP	NFORMANT		Address	
(and an analy	(1. box 2.0 a.		Asbury Teth	orist F	ome Reco	rds
	EATH (Enter only one couse per li EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne for (a), (b), and (c) } Cenges five	Heart	Fai	lurp	INTERVAL BETWEEN ONSET AND DEATH YEAR S
Canditions, if	DUE TO	1 /, .	lerotic He	art Di.	seas e	years
gave rise to cause (o), stotin lying cause las	g the under-					
PARY II O	THER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE YERA	AINAL DISEASE CON	ID TION G VEN IN F	PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACC DENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] 20b. DES IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Port II af	item 18.)	
PART II O 200. ACC DENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m V P. m	. While	Not while fa	ACE OF INJURY (Home, for ctary, street, affice bldg., e	m, 20f. (City or to	wn)	(Caunty) (State)
	nat (I) (this haspital) attendated alive an 5-//			960, to 5-		the date stated abave.
220 SIGNATURE	ames W. Esa	/	ATTENDING	MED _ ST	AFF	22b DATE 5-11-6
22c PHYSIC/AN'S NAME (Type)		n	Bethe	120 Wis	sc onsin	Ave
230. BURIAL, CREMAT REMOVAL (Specif BULL BL	(ON, 23b, DATE THEREOF 5-13-61	230 NAME OF CEMETERY OF Timber R		(Near)	~	(State) W • Va
24 FUNERAL DIRECTO		ADDRESS	25a. REG	C'D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE
Lrnest	C. Gartner.	Gaithersburg	g. Md. DATE M	IAY 1 5 '61	arthur	2 Harris

DATE MAY 1 5 '61

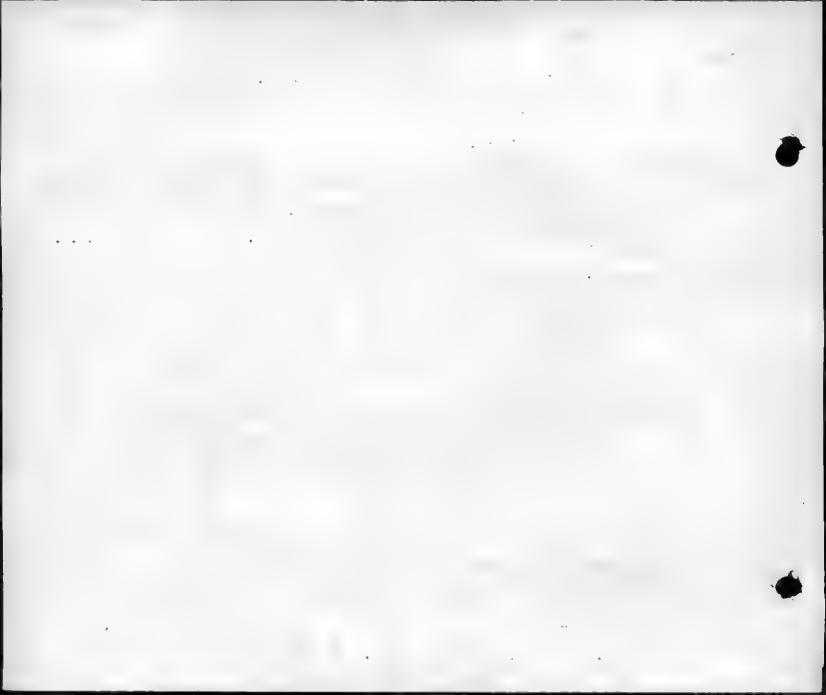
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TO HOSPIT 's ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be ed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayarathon pages 1 and 2 should be filled with the State Board at Health prior to burial, are remayard, and in any event, rithin 72 haurs after death.

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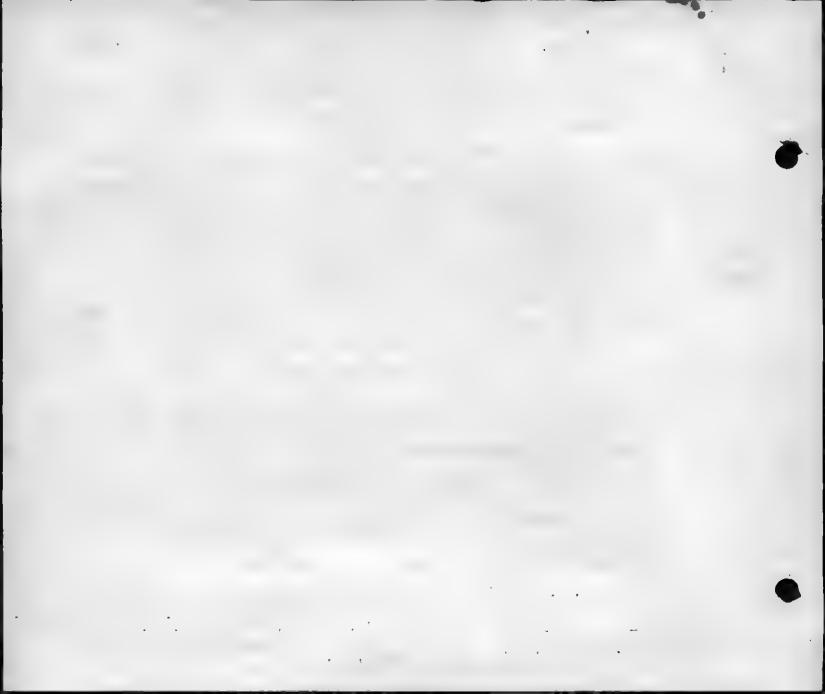
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RTMENT OF HEALTH REET, BALTIMORE 1, MARYLAND DENCE (Where deceased I ved, finstitution; Residence before edmission) 1. PLACE OF DEATH TONTGOMER MARYLAND t p CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, b. CITY OR TOWN (f outs de corporate jimits, C. LENGTH OF STAY IN 16 by an write RURAL and give negrest town) KENSINGTON d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Winthrop St. ON A FARMI YES NO K 3. NAME OF DECEASED OF (Type or print) DEATH 196/ 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED 5 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest_birthdey) Months Hours W DOWED 5 please rem 10e. USUAL OCCUPATION IGive kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) YCUSE WIFE 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Then (Yas, no, or unkown) (Ifyesgivewarordatesofservice) 18 CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH HEMORRHAGE PART I, DEATH WAS CAUSED BY: 14 DAY IMMEDIATE CAUSE (e) DUE TO 4RTERIOSCHERUSIS SENERALIZED neve rise to immediate cause DUE TO (a), stoting the underlying CONDITION GIVEN IN PART 1(a), 19, WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PERFORMED? 200 ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter reture of injury in Part or Part I of Itam IB.) LIF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 1 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from J.U.L... 19 5.7 to MA V..../U..., 19 5. that (I) (we) last . 19 6/, and that death occurred afficient. M, from the causes and on the date stated above 22b. DATE 22a SIGNATURE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23d. LOCATION BURIAL CREMATION (State) REMOVAL (Specify) KOCK 0 VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH



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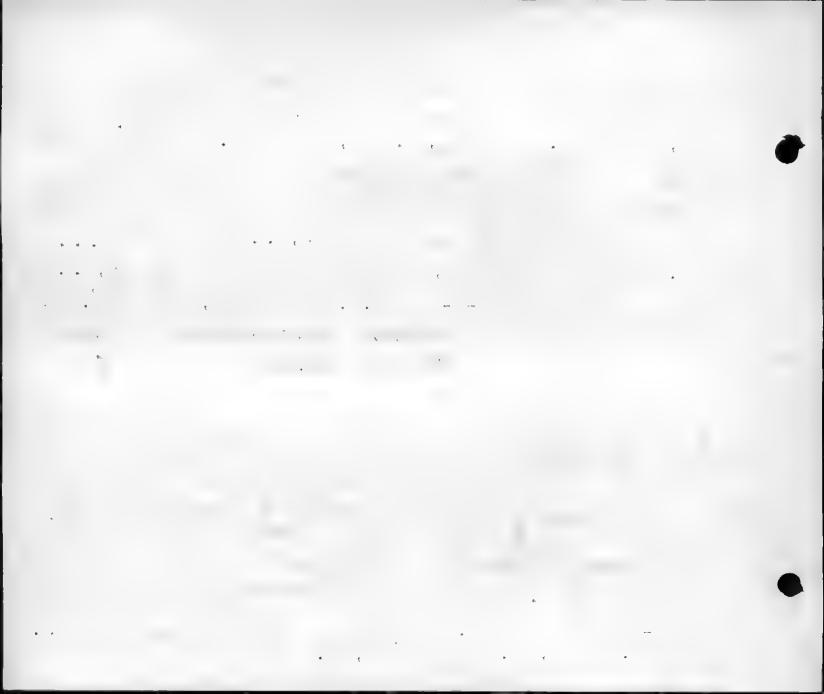
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1 PLACE OF DEATH 0. COUNTY				- 11	USUAL RES	DENCE (W)	nere decease	d lived. If instit		ce befo	re admis	sian}
	gomery		MARY	LAND		arvlar	nd	B. COON	Mont	zome	ry	
b. CITY OR TOWN (III RURAL and give no	fautside carporale limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	outside corpo	rate limits write	RURAL ond	give nec	arest taw	n)
Silver Spr			Nine years		Silver	Sprin	ng	-3 =				
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not an hospital, g	ive street	oddress)		d. STREET	ADDRESS			Md.		e. IS RES	FARM?
	rew Rd. Si	lver	Spring, Md		10,033	Renfi	rew Rd	. Silve	r Spri	ng		NO 🔏
3. NAME OF	A a Fir	st	, Middle		Lo	st	4. DATE		lanth	Do	ıy	Yeor
DECEASED (Type or print)	MAR	4	HELEN		MAN	21	OF DEATH	40	5	18	-	1961
5. SEX	6. COLOR OR RACE	7- MARR	RIED NEVER MARRIE	D 🔲 8. [DATE OF BIRT	'H		9. AGE (In year last birthday				ER 24 HRS
Female	White	WIDOWI	ED DIVORCES		7/20/1	4			rs Months	Doys	Hours	Min,
10a USJAL OCCUPATIO	N (Give kind of work- ing life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTRY	11 BIRTHP	LACE (State	ar fareign c	ountry)	12 CITI	ZEN OF	WHAT	COUNTRY?
Housewife		1	Own Home		Moha	wk, N	.Y.			TI	S.A.	
13. FATHER'S NAME				- 1	4. MOTHER'S	MAIDEN N	IAME					
Mr. John Be	211 8	prin	gfield, Mas	8	Margar	et Ke	ough		New Yo	rk,	N.Y.	•
15 WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16		17, INFO	RMANT		-	A	ddress Spr	ing	Mai	rylan
(Yes. no. or unknown) No	If yes, give wor or doles of s		81-03-6973	Mr.	A. Ro	bert 1	Manzi	10,033				
18. CAUSE OF DEA	TH [Enter only one co	use per Hi	ne for (o), (b), and (c)		1-aparoph					INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	HEP	ATIC	IN	SUFF	FIRIE	NC. Y			LLUX	DEATH
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	gave fise la immediale											
lying couse last.												
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OLA III. OTH	IER SIGNIFICANT CON	DITTO 145 C	CONTRIBUTING TO BEA	ALL BOT NC	/ KECKTED II	J THE LERM	HAWL CHOCKS	E CONDITION C	STEIN IN FAR	11(0)	PERFC	DRMED?
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OR CONTRIBUTING	MEDICAL EXAMINER)											
3 20c TIME OF INJUR	Y Manth, Day, Ye	or 20d II	NJURY OCCURRED	20e. PLACE	OF INJURY	(Home, farm	n, 20f (City	ar ławn)	(1	County)		(State)
Y 20c TIME OF INJUR	19	While of wor		factor	, street, affic	e bldg., etc	-)					
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21 certify tha	t (I) (this hospital	attend	led the deceased	110111	MAR		(lo_					(we) lost
saw the deceas	ed alive an	2 -/-	19.4/ , and	that dea	th_accurre	d at // /	LM, fram	the causes	and an the	e date		
22a. SIGNATURE	, 2	4_			A TOTAL APPLIES	n .	e_	47			22	L DATE
Denno	and a Sh	192	cald	M D	ATTENDIN		ED.	STAFF PHYS				3101112
22c PHYSICIAN'S NAME (Type)	/				22d. ADDR	-	eresir.	Dine	٠, ٠	0	•	M-0
	Bernard E.	Fitz	gerald		21/	CANIO		7 15 201)		V 10		11 121
230 BURIAL, CREMATIO REMOVAL (Specify)			23c NAME OF CEME				23d LOCA	TION (City, taw	n, ar county)		{\$ta	te)
Burial-Trans			St. Agnes	Cemet	ery			aga Cou				N.Y.
Warner E. F		200	ADDRESS SI	lver S	Spring	250. REC'	D BY REGIST		Cirthur .	- 4 -		
Mar Her Bay K	diplines 1	HC .	8434 Georgi	A AVE	, Md.	DATE	INI E 3	01	Circhart -	1. Th	غالم	



2. USUAL RESIDENCE (Where deceased I vad, if not tutions Residence before admission) c CITY OR TOWN (.f outside corporate limits, write RURAL/and give nearesthown)

9. AGE (In years | IF UNDER 1 YEAR | Months | Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

22b. DATE

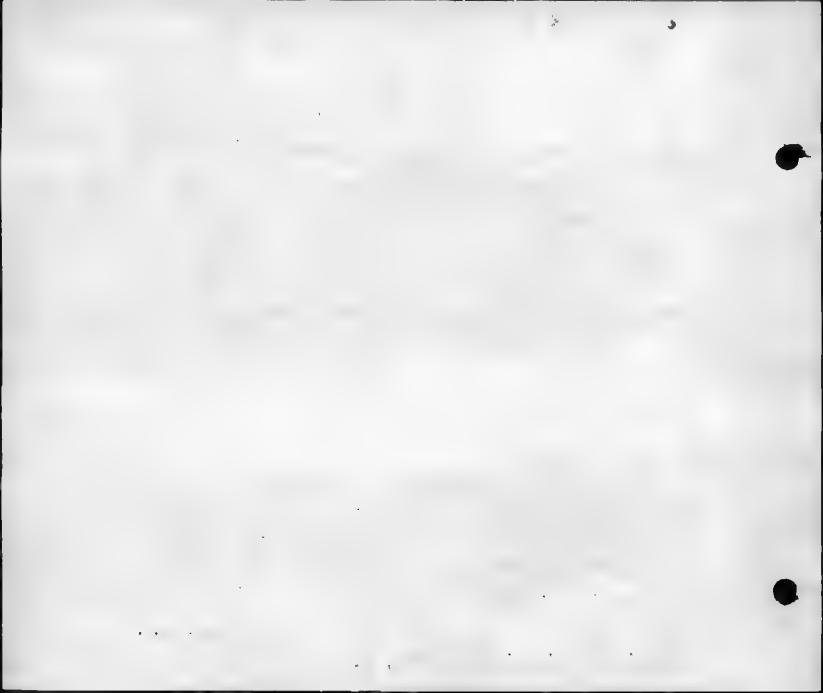
PERFORMED?

5-24 19.61, that (I) (we) last

(Stala)

250 REC D BY REGISTRAR | 25b. REG STRAR'S SIGNATURE

arthur S. Frank



shauld n pode 20 V\$ A15 (4) 15M 9/\$5

23. FUNERAL DIRECTOR'S SIGNATURE Hines

REMOVAL (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOI

Washington 9.

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

24a, REC'D BY REGISTRAR DATE AY 8

22d. LOCATION (City, town, or county)

Montgomery County

24b. REGISTRAR'S SIGNATURE Chicken & House

(County)

e IS RESIDENCE

1961

Days

ON A FARM?

YES NO T

Year

19

Hours

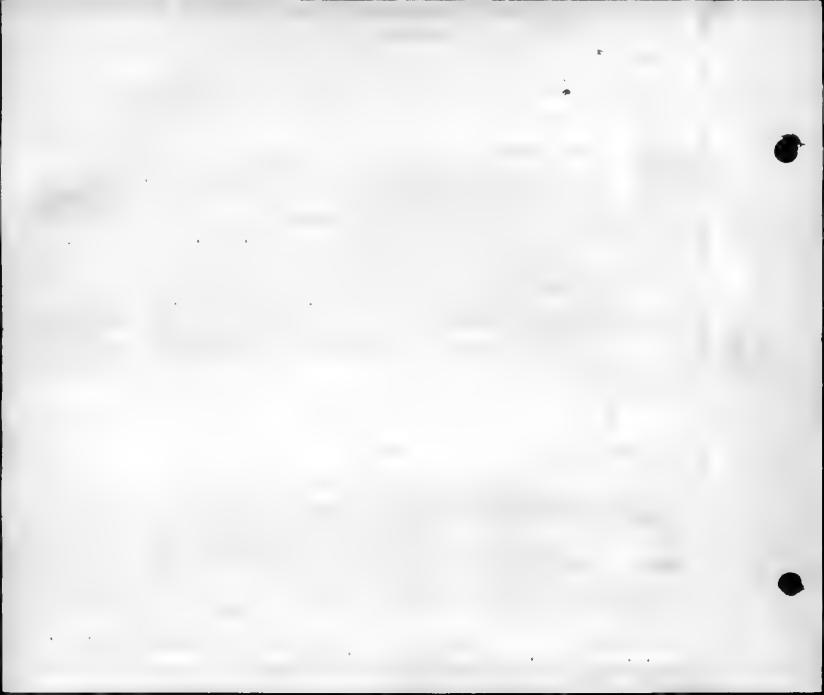
INTERVAL BETWEEN ONSET AND, DEATH

PERFORMED? YES TO NOT

(Stote)

(State)

U.S.A.



BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ay is nec. Pay. Indeed for your files. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e, COUNTY Montgomery
b. CITY OR TOWN (if oulside corporate limits, Columbia MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Write RURAL and give negets town) lakoma tark d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) ON A FARM? retained he State B Washington Sanitarium and Hospital Middle First ay be rewith the Saffer of DECEASED/ DEATH mena 6 COLOR OR RACE 7. MARRIED NEVER MARRIED N. B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER may L s 1, 2, and 3
age 5 may
1 and 2 wit
72 hours a ast birthdey) Months Female WIDOWED IT DIVORCED hours after 10e USUAL OCCUPATION (Give kind of work I JOB, KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)

HTT TEACHET pencil in item 18. Give Pages 1, 2 ice along with form PM3. Page inchrencit permit File pages I and LREland pages | within 13. FATHER'S NAME Sabell r's Office along with form P is burial-transit permit. File removal, and in any event Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) ((If yes give war or datas of service) none habman 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) office DUE TO Condilions, if any, which "pending" gave rise to immediate cause **DUE TO** (e), steting the underlying Examiner 67 F) MEDICAL EXAMINER: This certifical uld be used a cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1: 9 19, WAS AUTOPS Y PERFORMED? Word 99 execute the certificate, writing the word to be forwarded to the Chief Medical NERAL DIRECTOR: Page 3 should be Was a Chrilien
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parth or Part of Jam 18.) NO U PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., atc.) While Not While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry (and in my opinion Natural causes 📈 death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MED. CAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, fown, or county). 9989 228 BURIAL, CREMATION . 226. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or country) DE (State) REMOVAL (Specify) 240 g Q L JUENS TIO 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where dacessed lived, If institution) Ras dance before admiss on b. COUNTY c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearast town) . IS RESIDENCE ON A FARM? YES NO X 19 61 IF UNDER 24 HRS 9. AGE [In years | IF UNDER 1 YEAR Months Days Hours 12. CITIZEN OF WHAT COUNTRY? (W) Mrs. Patricia A. McDermott, same as e as #2 ONSET AND DEATH VRS.

PERFORMED? YES X NO [

(State) (County) , 19. Q. that (N) (we) last

M. from the causes and on the date stated above, 22b. DATE SIGNED

U. S. Naval Hospital, Bethesda, Md.

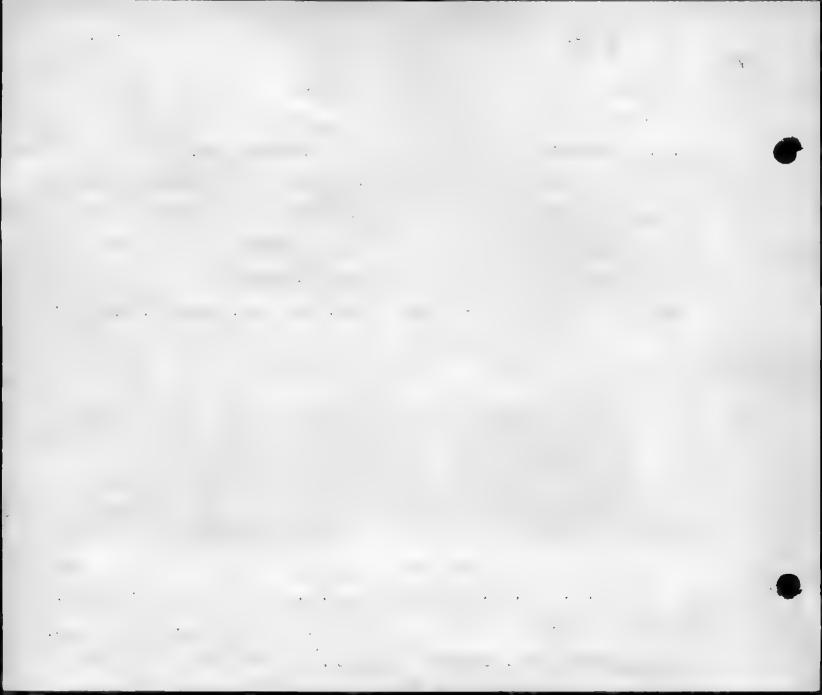
-1-61

(State,

1 23d. LOCATION (City, lown or county)

ADDRES Alexandria, Va. 258 REC'D BY REG STRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Cunningham Funeral Home, Cameron & Alfred Sts. DATE MAY 3 william & thous



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

5921

65818

D. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Olney D. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Olney D. NAME OF HOSPITAL (If not in hospital, give street address) Montgomery General Hosp. 3 NAME OF HOSPITAL (If not in hospital, give street address) Montgomery General Hosp. 3 NAME OF DECEASED [Type or print) S. SEX 6. COLOR OR RACE Male WIDOWED DIVORCED M WIDOWED DIVORCED M MIDOWED 10. LSUAL OCCUPATION (Give kind of work dane during most of working life, even if relired) Nurseryman 13. FATHER'S NAME WI 11 iam MCKay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? YES WW #1 16. SOCIAL SECURITY NO. 17. INFOR YES WW #1 Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause lost. Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (b). OR CONTRIBUTING CLOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACC DENT WAS UNDERLYING CLOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. THE OF INJURY Month, Day, Year lower lo	00010
D. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Olney 25 min. 25 min. ANAME OF HOSPITAL (If not in hospital, give street address) Montgomery General Hosp. 3 NAME OF DECEASED (Type or pint) 5. SEX 6. COLOR OR RACE White Widowed DIVORCED 100. LSUAL OCCUPATION (Give kind of work dane) during most of working life, even if relived) Nurseryman 13. FATHER'S NAME William McKay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IVER TO A CHORDON VES WHILE 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED EVE: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise to immediate cause (o), stating the under: Iying cause lost. Conditions, if any, which gove rise of office of services (o), stating the under. Conditions, if any, which gove rise to immediate cause (o), stating the under (o). Conditions, if any, which gove rise to immediate cause (o), stating the under (o). Conditi	usual RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY Montgomery
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montgomery General Hosp. 3 NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Male White Widowed Divorced Noursery Montgomet of warking life, even if retired) Nursery 10c. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Nursery 13. FATHER'S NAME William McKay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Item or or unknown) Yes WW WILLIAM MCKAY 16. SOCIAL SECURITY NO. (It in Information of Service) Yes WW WILLIAM MCKAY 17. INFOR 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (If EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACC DENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT (If EITHER, NOTIFY MEDICAL EXAMINER) 21 Certify that (I) (this hospital) attended the deceased fram dawark of contributions contributed and work of a contribution of contributions contributions and that death cause (c), stating the under life of work of a contribution of contributions contributions contributions of con	c. CITY OR TOWN (If autside carporate limits write RURAL and give nearest town) Silver Spring
DECEASED (Type or print) S. SEX 6. COLOR OR RACE Male White Widowed 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Nursery 13. FATHER'S NAME William McKay 15. Was Deceased ever in u. s. Armed Forces? Is. Was Deceased ever in u. s. Armed Forces? Is. Was Deceased ever in u. s. Armed Forces? WW #1 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHEY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 21 I certify that (I) (this hospital) attended the deceased fram. Saw the deceased alive an 19 attended the deceased fram. 22c. PHYSICIAN'S NAME (Type) Alfred D. Bonifant, MD 23d. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. NAME OF CEMETERY OR CR.	d. STREET ADDRESS 12710 Layhill Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
Male White WIDOWED DIVORCED M 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if relired) Nursery 13. FATHER'S NAME William McKay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you give work of dotes of service) Yes WW #1 16. SOCIAL SECURITY NO. 17. INFOR 214-03-9362 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Martin limited cause (a), starting the under lying cause lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (If EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter on more larged) at work 19	McKay 4. DATE Month Day Year OF DEATH May 20, 1961
Nursery 13. FATHER'S NAME William McKay Is. WAS DECASED EVER IN U. S. ARMED FORCES? (Test no or unknown) Yes 14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Lying cause lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CORONTRIBUTING TO COURRED (Enter only mark and work and	PATE OF BIRTH iarch 9, 1891 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS Manths Days Mours Min.
William McKay IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) Yes Type, give war or dores of service) 16. SOCIAL SECURITY NO. 17. INFOR	Washington, D. C. United State
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Termo of unknown) YES 16. SOCIAL SECURITY NO. 17. INFOR 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under: Iying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while at work all work all work all work all work all work and work and work all work and work and that death 21. I certify that (I) (this haspital) attended the deceased fram and that death 22c. SIGNATURE 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CR	4. MOTHER'S MAIDEN NAME
Tes no or unknown) Yes WW #1 1B CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, of work all work all work and work all work and work all work and work and work and work and work and that death 21 I certify that (I) (this haspital) attended the deceased fram 19/3/1, and that death 22c. PHYSICIAN'S NAME (Type) Alfred D. Bonifant, MD	Elizabeth Lang Washington D.C
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Hospital Records
20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at work at work 20e. PLACE of factory, and work 21 l certify that (I) (this haspital) attended the deceased fram. 21 l certify that (I) (this haspital) attended the deceased fram. 22c. PHYSICIAN'S NAME (Type) Alfred D. Bonifant, MD 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CR	IT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
21 I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an	inter nature of injury in Part I or Part II of item 18)
saw the deceased alive on 1944 and that death 220. SIGNATURE 220. SIGNATURE MD 22c. PHYSICIAN'S NAME (Type) Alfred D. Bonifant, MD 23o BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CR	Of INJURY (Hame, farm, , street, affice bldg., etc.) (City ar town) (Caunty) (State)
REMOVAL (Specify)	th accurred at 195 / to 195 / that (I) (we) last the accurred at 195 / the causes and an the date stated above ATTENDING MED. STAFF SIGNED PHYS 2720 ADDRESS Silver Spring, Md.
	<u> </u>
Burial 5/24/61 Gate of Heaven Warner E. Pumphrey, Inc. 8434 Georgia Avenual Raymond a. Zisha Silver Spring, Mary	MAY 2 6 '61 256 REGISTRAR'S SIGNATURE

the attending physician and campletely filled unby the funeral director. Then please remave carbon papers Pages 1 and 2 shauld be filed with TO HOSPIT OR LITENDING FILTSICIAN: The low requires that the least comificate be executed within 24 may be do by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 of the Stote Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

after death. Page 4

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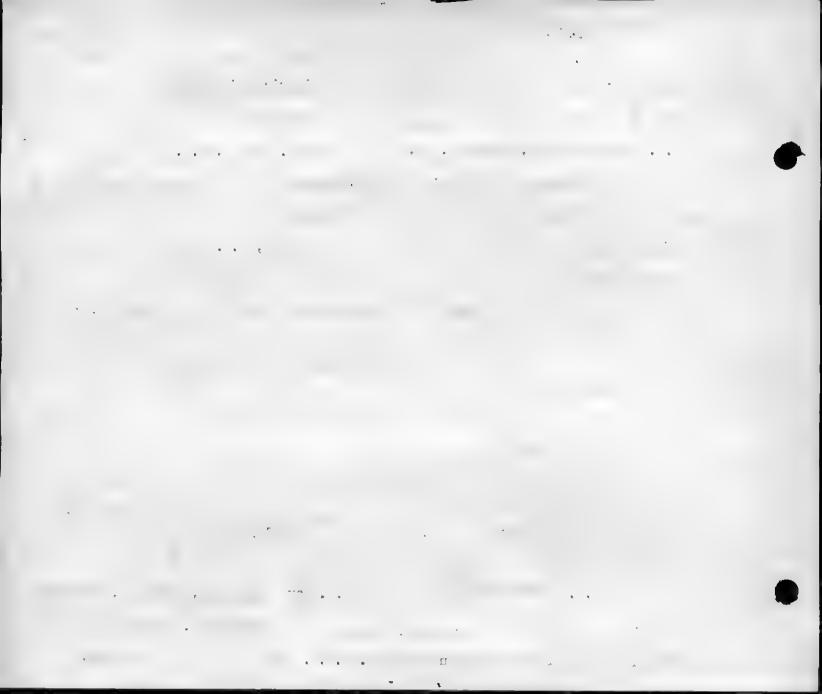


15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE b. COUNTY	tioni Rasidence Before admission)
-	Montgomery b. CITY OR TOWN (if outside corporate I m. s, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	District of Columbia c. CITY OR TOWN (If outs de corporate limits, write RUR	AL and give ne stast lown]
	Bethesda (Rural) 4 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sired, address	Washington d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
ř	U.S. Naval Hospital, Bethesda, Md. 3. Name of Deceased	814 E. Street, N.E.	YES NO X
	(Type or print) 5. SEX Elnora 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.		NDERTYEAR IF UNDER 24 HAS.
)	Female Caucasian WIDOWED DIVORCED DIVOR	18 June 1883 77_ yrs.	Peys Hours Min. 2 CITIZEN OF WHAT COUNTRY?
	Housewife 13. FATHER'S NAME	Washington, D.C.	USA
	James Asbury 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unknown) (Ifyosgive-warordelesofsarvice)	NFORMANT HOLLMAN Address	
		mes Edward MC LAUGHLIN Sam	e as #2 above
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) PULLS PULS PUL	2 edema	2 hours
	Conditions, of any, which DUE TO attenoacleia	tic Heart Pleasance	15 M
	Conditions, if any, which (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		pars
	ceuse lext. (c)		
-	PART II. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NO	t related to the term hal disease condition given in	PERFORMED?
	PART II. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW NIJRY OCCURED. OR CONTRIBUTING 1 CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER!	(Enter ceture of injury In Pert I or Pert II of Item 18.)	1 112 113
	Hour e.m. While Not While factor	CE OF INJURY (Home, farm, 20f (City or town, ory, street, office bldg., etc.)	(County) (State)
	21. I certify that 20 (this hospital) attended the deceased from	8 May , 19 61 to 12 May	, 19. 6] that \$0 (we) last
	saw the deceased alive on. 12. May 1961, and that	death occured at 11. Atm from the causes and	
	228. SIGNATURE M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d ADDRESS	22b. DATE SIGNED
	J.M. XOUNG LT MC USN	U.S. Naval Hospital, Bethe	sda, Maryland
	238. SURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)		
	Burial 5-16-61 Arlington Nat	ional Arlington, Virg	
	Lee Funeral Home 4th & Massachusetts Ave	. W.D.C. PATE MAY 1 7 '61	9 S. Kraus



				21	i#
HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in after death Page 4		rectar,	a should be detached for use as the burial-transit permit. Then please remove carbaa papers. Pages 1 and 2 shauld be filed with	*	2
death		FUNERAY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	ld be fill		
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n 24		Filled	les i	ath	
with		tely	Pag	er de	
pate		mple	pers	S Office	
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2	Po	JIRE	ld be	ard or	/
17	nay be	RAL	shou	he State Board of Health prior to burial, cremation, or removal, and in any event, within 72 holys after death	
IOSP	y be	UNE	ge 3	Stat	
1	20	Libe	0	he	

TO HOSPIT

VR A15 (4) 15M 9/59

V	0000	921(11114)		
1, PLA o. 0	CE OF DEATH Mont gome	maryland	2. USUAL RESIDENCE (Where deceased lived If Into STATE MARY AND b. COL	
ъ. С	CITY OR TOWN (If outside corporate limits, written and give nearest town) S. IVET SPT104	3 Hurs	c. CITY OR TOWN (If outside carporate imits, w	rite RURAL and give nearest town)
	NAME OF HOSPITAL (IF not in hospital, give str DR INSTITUTION 11409 Maple View	. >=	d STREET ADDRESS 11407 Maple View	e IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	ME OF EASED ME + First Me + + P	N'Zom1	Me Nall 4. DATE OF DEATH M	Month Bay Year
5. SEX	7 11	ARRIED NEVER MARRIED DIVORCED DIVORCED	Nov 25 1894 9. AGE (In y lost birth	led's IF UNDER I YEAR IF UNDER 24 HR Idy) yes. Months Days Hours Min
10a U du	SUAL OCCUPATION (Give kind of work done) uring most of working effe, even if retired) 70058 W 1 F &	Ob. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or foreign country) Mary /2nd	12. CITIZEN OF WHAT COUNTRY
13 FAT	Daniel Cunni	ngham	14 MOTHER'S MAIDEN NAME Naom;	Dick
15 WA (Yes, no	AS DECEASED EVER IN U.S. ARMED FORCES? pr (nhhown) (1th yes, give war or dates of service)	16. SOCIAL SECURITY NO 17. II	rormant I William FMcNalls	Address Scint
1B	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line for (a), (b), and (c).]	occlusion	INTERVAL BETWEEN ONSET AND PEATH
6	Conditions, if ony, which pave rise to immediate ouse (a), stating the under- ying cause last. (c)			
CATION	PART II OTHER SIGNIF CANT CONDIT O	1	NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
8 (II	R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of invery in Part I or Part II of item 16	3.)
MEDICAL MEDICAL	Hour a.m. W	d. INJURY OCCURRED hile Not while fowork of work	ACE OF INJURY (Home, farm, 20f. (Cily or town) ctory, street, office bldg , etc.)	(County) (Stat
50	I certify that (1) (this haspital) att		June 1959 to May	7_, 19GL, that (I) (we) lass and on the date stated above
	John Lawrence	avery	M D PHYS MED STAFF	22b Date Signe
22	NAME (Type) JOHN LZWI	-ence AVERY	10110 Georg 2 Ave.,	Silver Spring, Md
	LR AL XEMATION, 235 DATE THEREOF 5/11/61	23c NAME OF CEMETERY C		own, or county) (Stote) Aontgomery, Varyland
24814	Aumonia a Zisk		e, Sidve 250. REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE

Spring Md DATE



STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Moutoutur MARYLAND and 2 death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If ourside corporate limits, write RURAL and give needs) town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NOT 3. NAME OF DECEASED (Typa or print, DEATH 19 5. SEX AGE (In years | IF JNDER 1 YEAR IF UNDER NEVER MARRIED last_birthday) Months physician 10a. USUAL OCCUPATION (Giva kind of work County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dose-during most of working life, avan if ratirad Roumania Horogra 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkgwn) | (Ifyesgivawarordatasofservica) aficus quards www. 1093-09-INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate causa DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNEF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81/ 19. WAS AUTOPSY PERFORMED? NO P 20a ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, LEnter nature of injury in Part I or Part II of itam 18. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) While Not Whila at work at work may be retaine DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on , and that death occured at A. A.M. from the causes and on the date stated above. 22a. SIGNATUR ATTENDING death. To FUNERAL I DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CERMATORY OFB VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

65822

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY MARYLAND District of Columbia Montgomerv CITY OR TOWN (If guiside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If guitaide carporate I mits, write RURAL and give negrest town) RURAL and give negrest town) Washington Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3636 - 16th Street, N.W. Apt. The Clinical Senter, Bethesda 14. YES NO IN NAME OF 4. DATE Irvin Fletcher Meyer May DEATH 19 6] (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BIRTH lost birthday) Manths August 3, 1919 Male White DIVORCED [WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Government Ohio U.S.A. Actuary Internal 13. FATHER'S NAME Revenue 14. MOTHER'S MAIDEN NAME Emanuel M. Mever Julia Holzberg IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address Yes, no, or unknown) Unascertainable The Clinical Center, Bethesda 14, Maryland 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN 24 Hours Hemorrhagic Pneumonia IMMEDIATE CAUSE (o) DUE TO Acute Myelogenous Leukemia 7 Months Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION G. YEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 💢 NO 🗌 200. ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 204 INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (Stote) factory, street, office bldg, etc.) Haur a m. Not while at wark at work 21 I certify that (I) (this haspital) attended the deceased from April 12 1961, to May 21 1961, that (I) (we) last ___19 61, and that death accurred at 9:300. From the causes and an the date stated above. saw the deceased alive on. 22a. SIGNATURE 22h DATE SIGNED ATTENDING M.D. PHYS. 22c PHYSICIAN'S The Clinical Center. NAME (Type) Vincent H. Bono Institutes of Health, Bethesdallh. 23a BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cincinnati, Hemoval Cemetery 25g, RECID BY REGISTRAR 256 REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Calmy & Kraus 156-0 n. Old Tell

director, filed Funeral ģ should filled Pages pletely papers. pup pou 5 emove ă she she permit. te has been signed burial-transit permi

physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

	THE RESERVE ASSESSMENT OF		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
F 0 0 4	CERTIFICAT	E OF BEATH	P ,

58 36	CERTIFICATE	OF DEATH		05823
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		dence before #dmiss on)
b. CIY OR TOWN (if outs de corporete limi write RURAL end give neerest town)	MARYLAND c. LENGTH OF STAY N 16	e. STATE Maryland c. CITY OR TOWN (f outside corp.	b. COUNTY Montgo orele limits, write RURAL and 3	
Be the sda (Rural)	87 days	Bethesda d. STREET ADDRESS	Land 1	I S RESIDENCE ON A FARM?
U.S. Naval Hospital, 3. Name Of DECEASED	Bethesda, Maryland	5615 McKinley		YES NO Year
(Type or print) Franc 5 SEX 6, COLOR OR RACE		LLER DEATH DATE OF BIRTH 9	AGE (In years IF UNDER 1 YE	
Male Caucasian 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if reftre	106. KIND OF BUSINESS OR INDUSTRY	August 1896	_64 yrs.	ys Hours Min.
U.S. Marine Corps		Washington, D.C. 4. MOTHER'S MAIDEN NAME	USA	
Henry J. Miller		Martha Upton		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unkown) (lifyesgive werordelesofs Yes III III	(D) 1	FORMANT Miss Carol Miller	same as # 2	
162./ DUE TO	Bronchogenic carcino	oma, lung, with me	tastasis	8 mos
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. (c)				-
PART II. OTHER S GN-FICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT		-	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH				
20c. TIME OF INJURY Month, Dey, Yell Hour e.m. 19		OF INJURY (Home, farm 20f. ,City, street, office bldg., etc.)	r or town) (County) (State)
21. I certify that (1/2 (this hospit	tal) attended the deceased from	3-1 1961 to	5-27, 1963	L, that (1) (we) las
saw the deceased alive on 5-2	7 1961, and that d	ATTEND NG MED PHYS. DIRECTOR	STAFF	226. DATE SIGNED
22c. PHYSICIAN'S	CONNELL, LCDR, MC	22d. ADDRESS		y 1961 . Maryland
23. BURIAL, CREMATION 236 DATE THEF			ATION (City, town or county)	(Stete)
Burial 5-31-61	ArlingtonnNation	al Cemetery- AR	ington, Virgin	ia
R.A. Pumphrey	57 Wisconsi Avenue	ZSe. REC U BY REG.SI	FRAR 1256. REGISTRAR S SIG	Kraus
Be	thesda, Maryland			

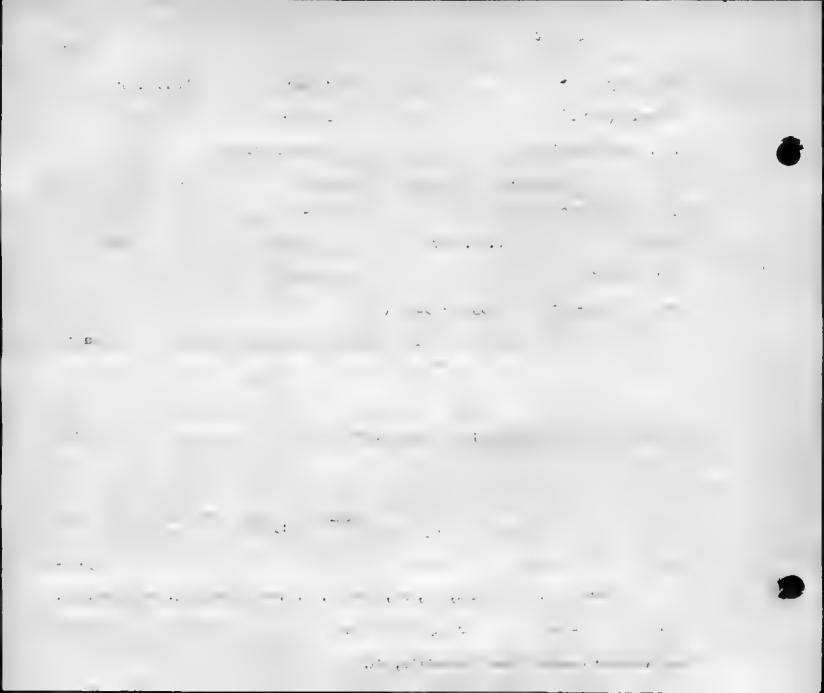
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TO HOS IL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death of may be retained by the hospital or attending plywician.

You found the stand death of the second of the second of the standard of the sta

	5837	CERTIFICATE	OF DEATH		05824
a. N	LAGE OF DEATH COUNTY ION THE COUNTY COLIY OR TOWN (if outside corporate l.m.ts, write RURAL and give nearest town)	MARYLAND c LENGTH OF STAY IN 16	STATE Maryland c. CITY OR TOWN (f outside co	b. county Montgome	ry
	Sethesda (Rural). NAME OF HOSPITAL OR INSTITUTION (# not in hos	20 days	Rockville d STREET ADDRESS	,	IS RESIDENCE ON A FARM?
3 7	J. S. Naval Hospital JAME OF Frst JECEASED (year or print)	M ddie	519 Beall Avenu	Month	Day Year
5. 5	EX 6. COLOR OR RACE 7, MARRIE	D NEVER MARR ED B. D	MINDTE ATE OF BIRTH	9. AGE (In years HE UNDER last b rthday) 1 Months I	19 61 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
10a. don	USUAL OCCUPATION (Give kind of work 10b. K	S. Navy	10-15-04 II BIRTHPLACE COUNTY & State TILINOIS MOTHER'S MAIDEN NAME		TIZEN OF WHAT COUNTRY?
15, (Yos,	Carl MINDTE WAS DECEASED EVER IN U.S. ARMED FORCES? 16 np., or unkown) (Hyoso vo werordelas of sarvice) Yes WWII-Korean 5	 SOCIAL SECURITY NO	Iola FERN	Address	-
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acut O DUE TO Conditions, if any, which gave rise to immediate cause [a), stelling the underlying couse lest. (c)		arct, posterior	septal	NTERVAL BETWEEN ONSET AND DEATH hours
2	PART I OTHER SIGNIFICANT CONDITIONS CON Calcific aortic stenosi 20a ACCIDENT WAS UNDERLYING 1 20b. DES DR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		e pneumonia		T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	Hour a.m. While	INJURY OCCURRED 20a PLACE Not While bectory, tk at work	OF INJURY (Home, ferm, 20f. (C. street, offica bldg., etc.)	City or town) (Co	unty) (Stete)
	21. I certify that (1) (this hospital) allensaw the deceased alive on May. 16 22a SIGNATURE FUNCTION 22c. PHYSICIAN'S NAME (Type) Kenneth V. HARS	HMAN, LT, MC, US	ATTENDING MED DIRECTOR 22d ADDRESS N. V. S. Naval H	STAFF RYS. IX	the date stated above 22b. DATE 5-16-61 esds, M1.
	Burial (Specify) Burial 5-19-61	Arlington Natio	onal Arl	ington	Virginia
	son Wheeler Funeral Rome	ADDRESS Rockville Md.	DATE MAY 2 2	STRAR 256. REGISTRAR'S	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



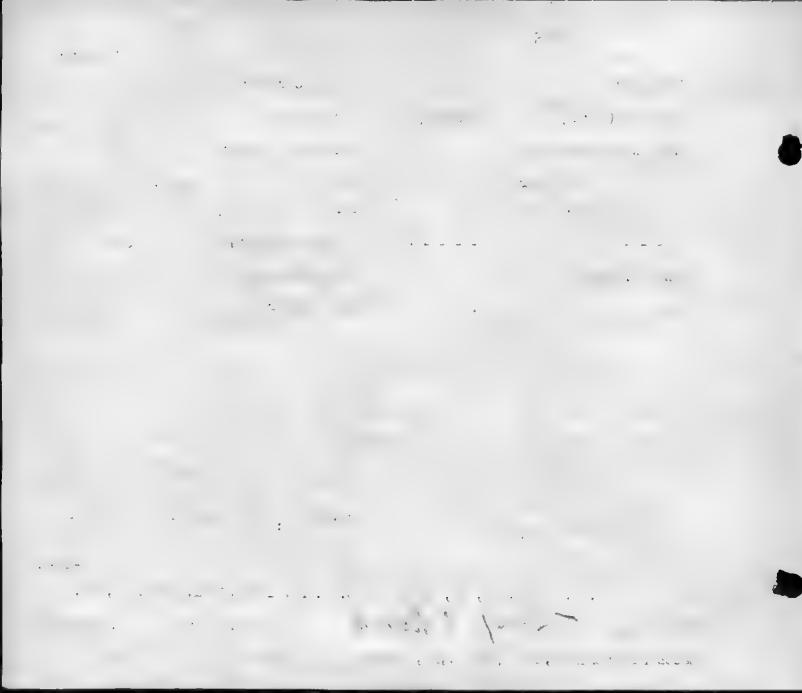
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nin 24 hours after	ould
Irs a	TO FUNK. AL DIRECTEM: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remarval, and in any mount, within 72 hours after definition.
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OR ATTENDING PHYSICIAN. The law requires the may be retained by the hospital or allending whysician.	s be buria
N o	e ha the l buris
CIA	ficat as to
Nosi	certi use prior
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HO:	TO FUNK. AL DIRECTEM: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I as be filed with the State Dept. of Health prior to burial, cremation, or remained, and in any meent, within 72 hours affer of
TO HOS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed earth. The hospital of allending physician.	\$ # G

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

L SVE OF OF PROPERTY	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
Montgomery MARYLAND	South Carolina
b, CITY OR TOWN , if outside corporate I mits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (flouts da corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town) Pothwards (Promo 1)	Orengehurg
Bethesda (Rural) 212 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS IS RES DENCE
as manual or most trace on most for the most fin most find great seeds address	ON A FARM?
U. S. Naval Hospital	416 Ellis Avenue
3. NAME OF First Middle	Last 4 DATE Month Day Year
(Typa or prof) Edward	MINTZ DEATH May 18 19 61
,	DATE OF BIRTH 9 AGE (n y - ars : IF UNDER) YEAR F UNDER 24 HRS.
	last birthday) Months Days Hours Min.
Male Negro WIDOWED DIVORCED	3-9-47 14 yrs.
10a. USJAL OCCUPATION (G va kind of work done during most of working life, even if retired)	Y 1 FIRTHPLAUE to by & 1 40 or followy country, 12. CIT ZEN OF WHAT COUNTRY?
	South Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Townson 10 MEMBER	
Lonnie E. MINTZ	Lillie Mae BILLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown) (Ifyas giva warordales of service)	
No Hone H	ospital Records
18. CAUSE OF DEATH [Entar only one cause per line for (4) (b, and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (b)	
DUETO A	
Canditions, if any, which) by Amulo	Cytosis / mon!
gave rise to Immediate cause (a), stating the underlying DUETO	
causa last, (c)	
The state of the s	OT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(a). 19. WAS AUTOPSY
$ \mathcal{L} $ M. L. L. T.	PERFORMED?
I (KINDSUCHTON SYNON	
205 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURYOCCURED OR CONTRIBUTING 20 CAUSE OF DEATH 1	(Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INLERY (Homa, form, 20f (City or lown) (County) (State)
Hour a.m., While Not While	ory, streat, office bldg., atc.)
p.m. 19 BI WORK	0 1 20 60 11 39 63 11
21. I certify that (this hospital) attended the deceased from.	
saw the deceased alive on May 18 1961 and that	death occurred at M, from the causes and on the date stated above
22n. SIGNATURE	22b. DATE
HE About	DIRECTOR PHYS. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NIAME /Tunal	
G. B. AVERY, LT, MC, USN	U. S. Naval Hospital, Bethesda, Md.
238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NOW OF TEMETERY	OR SEMATORY 23d LOCATION (City, lown or county) (Sleta)
Burial-Shipment	Orangeburg So. Carolina
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bacon Funeral Home, 1722 7th St., NW, Wash	DC DATOUN 5 '61 arily 8. King
Decon Lanerar Done Tree Lon Do. May woom	DAILAGE TO THE TOTAL TOT



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 5839 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) e. COUNTY b. COUNTY Montgomery Montgomery MARYLAND Maryland 12 th c. CITY OR TOWN (If putside corporate | mils, write RURAL and give neerest town) b. CITY OR TOWN (if guisida comporeta limits. c. LENGTH OF STAY IN 16 and write RURAL and give neerest town! Takoma Park Silver Spring. e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO 3 Washington Sanitarium and Hospital Galveston Road papers. 4. DATE 3. NAME OF DECEASED OF (Type or print) DEATH Mitchell May 26 within carbon 16. COLOR OR RACE 7. MARRIED NEVER MARRIED TO BIRTH last birthday) Months Devi Hours Male WIDOWED remove 10a. JSLAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) none Maryl and America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mitchell Mary Darby 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) no mother no IB. CAUSE OF DEATH [Enter only one cause for the for (e., [b., and (c. INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying couse lest PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 50 NO T use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Pert of Pert I, of Item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH tained by the After this detached for 20d, INJURY OCCURRED , 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While et work et work 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. Jeath. PUNERAL 27d. ADDRESS 22c. PHYSICIAN S NAME (Type) 1 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, toppin of county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 5 3 Washington Sanitarium and Hestita Cremation 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Hare, M. D. Wash. San. & Hespital 15M 9/60 DATE

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certificate

may be retain DIRECTOR:



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If institution: Residence before admission 1. PLACE OF DEATH a. COUNTY MARYLAND c. CTY OR TOWN (If outs de corporate timits, write RURAL end après nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 NEWROF DECEASED (Type or print) DEATH 5. SEX 9. AGE (In years If UNDER I YEAR 7. MARRIED NEVER MARRIED last birthdey) 10a. USUAL OCCUPATION (Give kind of work BIRTHP_AGE (County & State, or foreign country) Code during most of westing life even if reflied) Daby Sill phy 13. FATHER S NAME 14. MOTHER'S MA DEN NAME Ernest Due Germany 16 SOCIAL SECURITY NO 1 17 INFORMANTA Schaefer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yay no, or unkown) (Hyesgivewerordatesofservice) IB. CAUSE OF DEATH (filer on y one couse per PART I. DEATH WAS CAUSED BY: MMED ATE CAUSE (a) Conditions if any, which ' gave rise to immediate cause DUE TO (e), stefing the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Item 18.) 2Da. ACCIDENT WAS UNDERLY NG ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 21. | certify that (1) (this hospital) attended the deceased from march 19 58 to May 2-3, 19.61, that (1) (we) last saw the deceased alige on ... May 22e. SIGNATURE PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 236. BURIAL, CREMATION, | 236. DATE THEREOF 23d, LOCATION (City, town or county) 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OF Hudson Iowa Transit-Buri Hudson Cemetery 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Pumphrey, Inc. 8434 Georgia Avenue Gasha Silver Spring, Maryl 15M 9/60 Civiling & Hance

. IS RESIDENCE ON A FARM? YES NO Z

(County)

(State)

22b. DATE



TO DEP. If MEDICAL EXAMINER: This cert ficate should be executed within 24 hours after death, if any any is necessary, please exactle the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit per fit. File pages 1 and 2 with the State Board of Health, or lis designated agent, prior to burial, cremation, or removal, and in the earth within 72 hours after death.

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FOR	STAT	E
CALT	U DEI	OT.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

	5341 MEDICAL EXAMINER	19827
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
	Montgomery MARYLANI	Maryland b. Montgomery
1	b. CITY OR TOWN (foulside corporele limits, 1 c. LENGTH OF STAY IN 1	
0	wr.te RURAL and give nearest town)	
1	Olney , D.O.A. A. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address)	Ashton d STREET ADDRESS e. IS RESIDENCE
	TAME OF HOSPITAL OR INSTITUTION (II HOSPITAL, GIVE STEEL EDITIONS)	d STREET ADDRESS a. 15 RESIDENCE ON A FARM?
1	Montgomery General Hospital	YES NO 🔝
3	NAME OF First Middle DECEASED	Lesi 4. DATE Month Day Yeer ·
	(Type or print) CORDELIA FRANCES	MOORE DEATH May 27 19 61
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
П	female white widowed Divorced I	3-1-1887 74 yrs. Months Days Hours Min.
10	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	
d	one during most of working life, even if retired)	Virginia U.S.A.
12	housewife STUPPER	14. MOTHER'S MAIDEN NAME
'3	ll-the was the	
_	4343700 00	Maknown
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unkown) (ifyesgive werordetes of service)	INFORMANT 1021 Briggs Charley Road, Silver
l'		aughter - Frances Konigmacher Spring, Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY OCCLUS:	ion ONSET AND DEATH
	1/2 2 /	TOTT _ Succession
	7201 DUE TO	
1	Conditions, if eny, which (b)	
	(e), stelling the underlying DUE TO	
	Couse lest, (c)	
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 ., 19. WAS AUTOPSY PERFORMED?
13		YES NO T
CERTIFICATION), (Enter nature of injury in Pert I or Part II of Item 18.)
18	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
14	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20e.	PLACE OF INJURY (Hame, ferm, 20f. (City or town) (County) (Stete,
MEDICAL		lectory, street, office bidg., etc.)
≥	p,m, 19 st work st work	
	21. I certify that I took charge of the remains described above,	
	death resulted from. Natural causes , Accident , St	uicide , Homicide , Undetermined manner
	A . 1	CHIEF MEDICAL EXAMINER
	SIGNATURE SIGNATURE J. Brise France	M D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER
	NAME (Type) Frank J. Broschart	Address (Street, city, town, of Cyugiy) 5-27-61
28	BUR AL, CREMATION, 22b. DATE THEREOF 220 NAME OF CHIEFERY	OR CREMATORY 22d. LOCATION (City It wn, or continy) (State)
1	unel MAY 31 1961 Peck Lacon	1 French Herry Sackselle Many Q0 - 11/1
24	FUNER L DIRECTOR ADDRESS ADDRESS	249. REC'D BY REG.STRAR 24b. REGISTRAR'S SIGNATURE
X	asther Kallord, 254 Darrall DI	MAY 31 '61 arthur & Krous
VI	The state of the s	DAIRMAN O I O I



5842 **CERTIFICATE OF DEATH** Reg. Dist. No with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b, COUNTY MARTEANS OME ero c. CITY OR TOWN (If autside corporate limits, write NGRAL and give nearest town) b. CITY OR TOWN (f ous de corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) DYIMS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in sospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? CV YES NO à ob Univer 2 NAME OF Middle 4. DATE Month Year filled OF DEATH DECEASED executed within 24 (Type or print) eresa 30 1961 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years, last birthday) Months WIDOWED T DIVORCED T 56 papers. compl 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 41 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Government Employee Internal Revenue 13. FATHER'S NAME 8 certificate - ysici remove 16. SOCIAL SECURITY NO INFORMANT Mrs. Howard P. Hale, 1833 Avenel Rd. Adelphi, Md. anding 22 No edse death within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO heumatic heart disease Conditions, if any, which signe gave rise to immediate **DUE TO** couse (a), stoting the underottending physician. ond lying cause last. **burial-transit** pillen PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY remayal, PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) R 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) WED Hour a.m. While Not while at wark of wark 21. I certify that I attended the deceased from Sept 4 , 1956 , to 12 × 30 1961, that I last saw the deceased detached and that death accurred at 2:40 AM, from the causes and on the date stated above. DIRECTOR: þe prior SIGNATURE 3 shauld registrar PHYSICIAN'S TO FUNERAL NAME [Type] 72b DATE THEREOF 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) he 6/2/6 Cedar Hill Cemetery Prince George's 8434 Georgia Avenue Warner E. Pumphrey. 24g. REC'D BY REGISTRAR 246 ŘÉGISTRAR'S SIGNATURE Inc. VS A15 (4) Silver Spring. Md. JUN 6 Unitur J. Kraus Raymond A DATE 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence Defore edmission) I. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Maryland Montgomerv MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Silver Spring months Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1018 Woodside Parkway Wheaton Nursing Home YES NO X 3. NAME OF 4. DATÉ Middle DECEASED Tay Nan (Typa or print) Varolyn DEATH 5-1-61 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Female white WIDOWED X DIYORCED 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY (County & Slata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) remov U. S. Pennsvlvania house-wife Own Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please Then please C. Edward Dav Edith V. Laird Deceased Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivawarordatasofservica) 1018 Woodside Pkwy, Mabel Ames No 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ensus Cardiovascular Discusse Conditions, i fine: gave rise to immadiate cause DUE TO (a), stating the underlying causa last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY Φ ospital PERFORMED? certifi 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) d OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for After 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., atc.) While Not Whila at work at work ä 21. I certify that [I] (this happital) attended the deceased from (4) 195), to / lau 1 ..., 1961, that (1) (wo) last .5.0. 196.1., and that death occurred and A.M. from the causes and on the date stated above. saw the deceased alive on. 1772. 22b. DATE 22a SIGNA ATTENDING STAFF SIGNED M.D. | PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Whitlock James M. FUN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) S. di 0 Prince George County Maryland Burial Cedar Hill Cemetery H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 8434 Georgia Ave Silver Speing Ld. arthur S. Hines ARNER E. PUMPHREY ANC. DATMAY 15M 9/60 Kainmond

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

COLL

65831

200	4 14		CERTIFI	CAIL	OF DEA	In				1742	00'	1
1. PLACE OF DEATH				2	USUAL RESIDENC	E (Where d			an Resider	ice befor	re admiss	ion)
	romery		MARYL	AND	a. STATE Virgi	inia		. COUNTY	Norfo	lk		Mar Special
b C TY OR TOWN (If or RURAL and give near	itside corporate fimi	h, write	c. LENGTH OF STAY IN	V 16	CITY OR TOWN	V (If outside	a corporate lin	nits, write R	URAL ond	give neo	rest town	1
Bethesda	si iownj		24 Days		Norfol	lk				pli	and	X
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, g	iva street	address)		d. STREET ADDRE	SS					e. IS RES	IDENCE FARM?
The Clinical	Center,	Beth	esda 14, Md	•	201 Mayo	cox A	venue					NO
3. NAME OF	Fir	51	Middle		Last	4. (PATE	Mon	th	Da	у 1	Yeor
(Type or print)	Hele	en	(None)	Ni	chols		DEATH]	lav	18.		1	19 61
S SEX 6	COLOR OR RACE	7 MARR	HED NEVER MARRIED	B. D.	ATE OF BIRTH		9 AG	E (n years birthday)				ER 24 HRS
Temale	White	WIDOW	DIVORCED	0	ctober 28	8. 19	13 1	7 yrs	Months	Days	Hours	Min
10a USJAL OCCUPATION during most of working	(Give kind of work	tone 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE ((State or fa	reign country)		12 C T	IZEN OF	WHATC	OUNTRY?
Housewife	me, even il temed		_None		Virgini	ia				Ual	S.A.	
13. FATHER'S NAME				1/	. MOTHER'S MAIL	DEN NAME						
John Tsoul	atos				Const	ance :	Kalodi	nas				
IS WAS DECEASED EVER II	N J. S ARMED FOR		SOCIAL SECURITY NO.	17 INFOR	MANT The I	Medic	al Reco	ord Add	ess			
No	as Assa mai al mana en s		None	The	Clinical	Cente	er, Rei	hecda	14,	Mar	yland	d
18. CAUSE OF DEATH	[Enter only one ca	use per li	ne for (o), (b), and (c).]				<u> </u>			INTE	RVAL BE	TWEEN
PART I. DEATH	WAS CAUSED BY IMEDIATE CAUSE (o	Int	estimal obs	truct	ion					0143	T AND	eks
174	DUE TO											
Conditions, if on,	which #	Min	ed mesoder	al Tu	mor of U	terus					8 mo	nths
gove rise to imm		-					·					
lying cause lost.) (c	1										
PART II OTHER	SIGNIFICANT CON	D TIONS (CONTRIBUTING TO DEAT	TH BUT NO	RELATED TO THE	TERMINAL	d sease con	DITION GIV	'ÉN IN PAI	RT 1(o) 1	9 WAS PERFO	RMED?
200 ACCIDENT WAS I	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of iniv	ry in Port I	ar Pari I of	tem 18)				
20c TIME OF INJURY	Month, Day, Ye	20d. Il While of wor	Not while		OF INJURY (Home street, office bldg		of (City or to	vn)	(County)		(State)
21 I certify that t	d) (this hospital) attend	led the deceased f	ram Ap	ril 24	1061	to May	18	19 (51 th	at 20 (wel last
saw the deceased	Lalive on Mar	7 18	19_31, and t									
220051GNATURE	A	0	Waller	nor dear	T GSCOTTEG GE	od allharden galeria ja	DWG SWILL A	.00363 (21)	u un m	c dare	221	b DATE
Seyon	m H	A	BLOWK	мр	ATTENDING PHYS.	MED	OR THE	FF (S 'K')			5/	18/6
22c PHYSICIAN'S	BENJAMIN .	A. BO	ROWSKY, M.I).	Institut	The C	linica]	Cent	er, Na	tion	nal M	d.
230 BURIAL CREMATION,	235 DATE THEREC		Forest		EMATORY		Norfo	City_town,			(Stat	
24 FUNERAL DIRECTOR'S S		-01	AÓDRESS			DECID AV	REGISTRAR	2Sb. REGI				
ROBERT A.		EY	Bethesd	a, Mo	1	KECID BI			ے السکار			

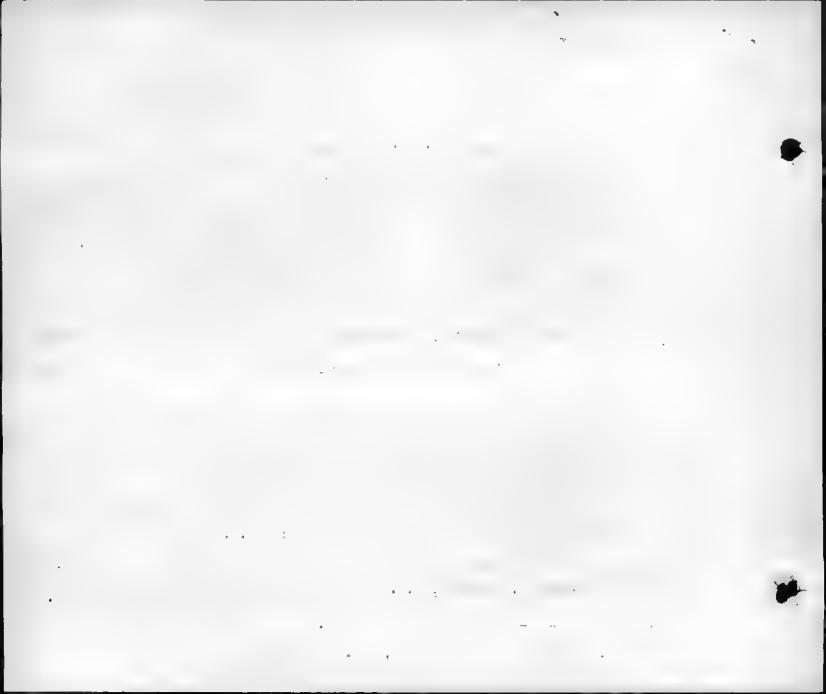
TO FUNERACTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 77 hours offer death

OR ATTENDING ENYEIGIAN. The lam requires that the death certif cate be executed within 24

TO HOSPIT

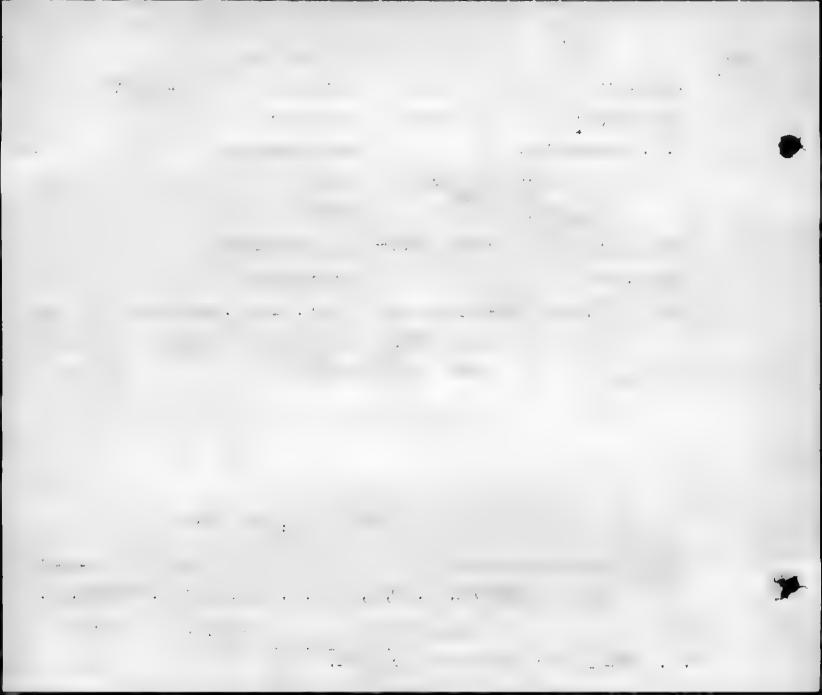
VR A1S (4) 15M 9/59

after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH

Pages letely paper n 72 l and col гетоме ă After this DIRECTOR: 200 200 VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

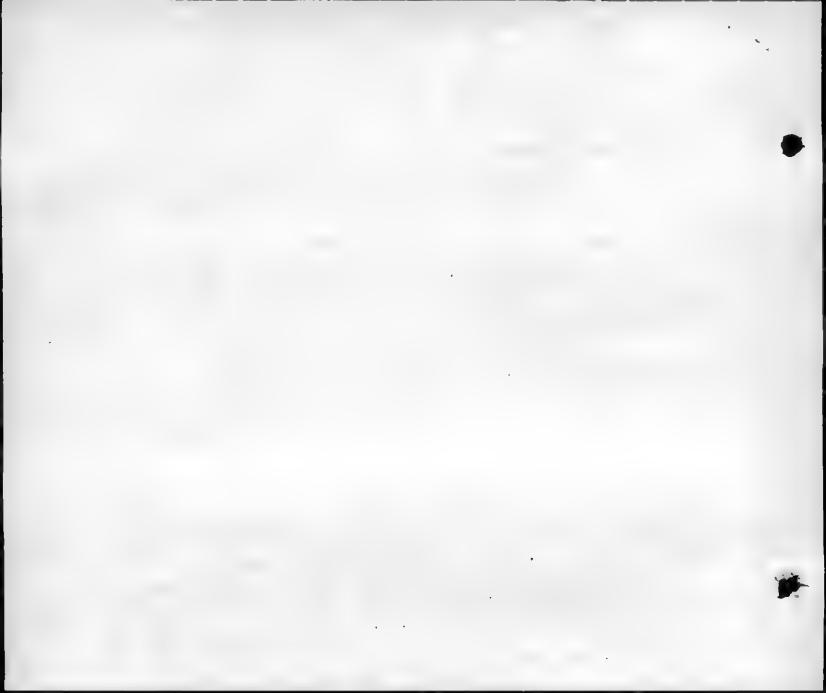
65833

TO HOSPITY TOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. pifer death. Page 4 may be executed by the hospital ar attending physician.

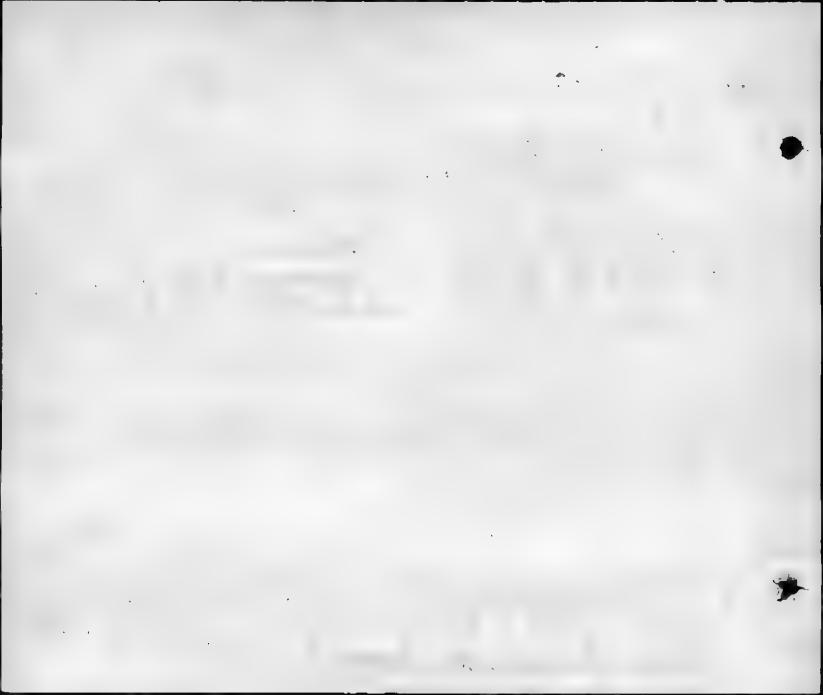
TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled without the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hayrs-after death.

VR A15 (4) 15M 9/59

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased tived If institution: Residence before admission)
O. COUNTY MONTON MARYLAND	o. STATE Man. b. COUNTY Monit.
b C TY OR TOWN (If outside corporate limits, waite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town]	Betherda
d. NAME OF HOSP TAL (if had in haspital, give street address)	d STREET ADDRESS
OR INSTITUTION	6311 Kirchi Pl VES INOX
Kensingion GARAGINS JAIV.	The state of the s
3. NAME OF First Middle DECEASED	Lost 4. DATE Manth Day Year
(Type or print) [UIIIAM) O	Frenchelser DEATH 3 25 180/
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Haurs Min.
WIDOWED DIVORCED	1/31/82 79 yrs.
10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	TRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Engraver Private	New York 4.5. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chaples J. Offenhoisek	Matherine Hanne.
CITIES STORY	IFORMANT Address
(Yes no, or unknown) (If yes, give war or dates of service) Yes	_
	illiam F. Offenheiser-son-same 2d
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL FAILS	RE E UREMIA 4 WEEKS
120.0 DUE TO	
7 2 (1. () 000 10	
2 20 12112	HEART DISEASE & YEARS
Conditions, if any, which gave rise to immediate COLETO	HEART DISEASE & YEARS
Conditions, if any, which gave rise to immediate couse (a), stating the under-	HEART DISCUSE & YEARS
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. (b) ARTERIAS ERBTIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 WAS AUTOPSY
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. (b) ARTERIAS ERBTIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
Conditions, if any, which gave rise to immediate couse (a), storing the underly lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
Conditions, if any, which gave rise to immediate couse (a), stating the underly lying couse lost. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING COURSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
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Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING TO DEATH BUT CONTRIBUTING T	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO S ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) (County) (State)
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Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING TO DEATH BUT CONTRIBUTING T	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO S ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) The street, office bidg., etc.) (City or tawn) (County) (Stote) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote)
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN. URY Month, Doy, Year 20d INJURY OCCURRED (Fe How o. m. 19 of wark of wark for wark 12 of wark 13 of wark 14 of wark 15 of wark 15 of wark 16 of wark 16 of wark 17 of wark 17 of wark 18 of wark 19 of wark	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO S O (Enter noture of injury in Port I or Port II of item 1B.) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) tory, street, office bldg., etc.) 20f. (City or tawn) (County) (Stote) ATTENDING MED STAFF SIGNED PHYS.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. p. m. 19 While Nat while of wark 19 wark	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO S O (Enter noture of injury in Port I or Port II of item 1B.) ACE OF INJURY (Hame, farm., 20f. (City or tawn) (County) (Stote) torry, street, office bldg., etc.) 19 1 19 1 19 1 19 1 19 19 19 19 19 19 19
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Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 while Nat while of wark of wark of wark 12 tertify that (1) (this haspital) attended the deceased fram. Saw the deceased dive on 19 23. SIGNATURY OF Philip R. James 22c. Physician's Philip R. James 23c. Burial Cremation, 23b. Date Thereof 23c. Name of Cemeters of the couse of the country	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO S ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) tory, street, office bidg., etc.) 1957, to 1144 25, 19 (a), that (I) (we) last leath accurred at pM, from the causes and an the date stated abave ATTENDING MED PHYS. STAFF 5/25/61 22d ADDRESS WAS HINGER C COUNC D. C.
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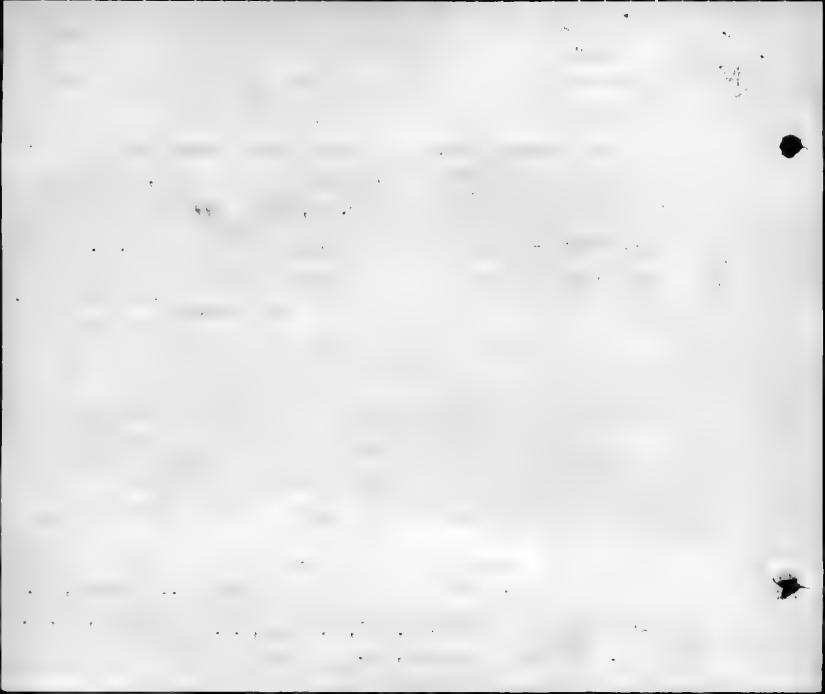
DIVISION OF STATISTICAL RESEARCH AND RECORDS. ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, I natitution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY N 16 c CITY OR TOWN () outside corporate I mits, write RURAL and give nearest Pages e. IS RES DENCE ON A FARM? YES NO 3. NAME OF Middle Month DECEASED (Type or print) DEATH 1880)19. AGE IN YOUR HE UNDER 1 YEAR; IF UNDER 24 HRS 5. SEX iest b rthdey) Months | Days physician 1 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad) 13. FATHER'S NAME Then please (Yas, no por dikown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b , and (c,...) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate causa **DUE TO** (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY middle coroqual ordery 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 13.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20a PLACE OF INJURY (Home, Jarm, 20f. (City or town) (County) (State) Month, Day, Yeer Not While factory, street, office bldg., atc.) While Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from 2 may 1961, to . 5 / 20 , 196. I , that (I) (we) last .19.6.1, and that death occured at 12.0M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 1 retin DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 100 0 = 3 BY REGISTRAR 256. REGISTRAR'S **VR A15 (4)** 15M 9/60



and _= completely and 63 attending physic Then please remo val, and in any e death 63 physi rok:

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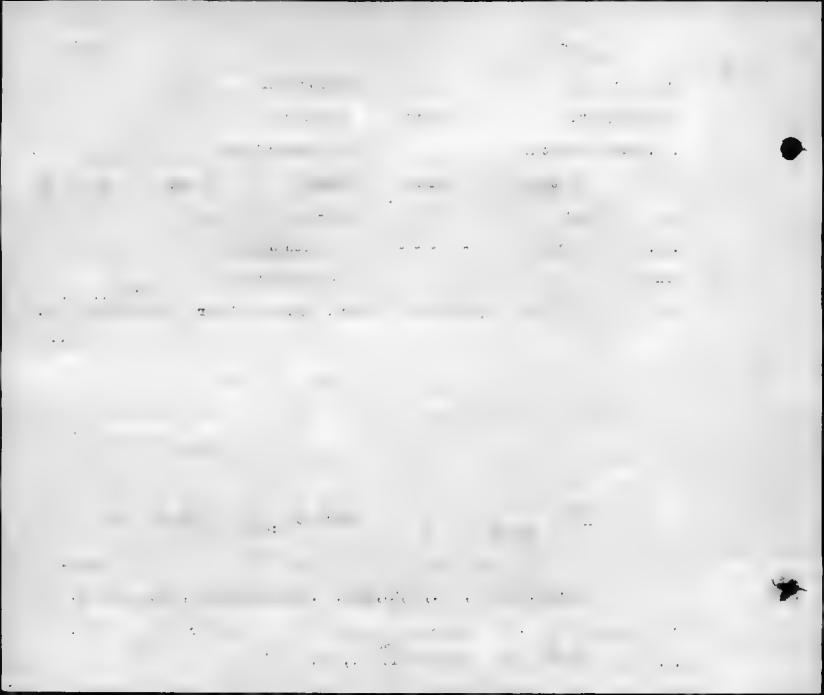
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2. USUAL RESIDENCE (Where decessed lived, If institutions Rus dence before edmission, **b.** COUNTY c. CTY OR TOWN (If outside corporate limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO 19 May AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months | Days 10b. KIND OF BUSINESS OR NDUSTRY 11 BIRTHP, ACE County & State or foreign country) 1 12, C TIZEN OF WHAT COUNTRY? USA Address Pitts., Pa. Mrs. Clevetta Wilborn, 172 Mayflower St. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES 📉 NO 💽 (County) (State) May 25 19.61 that (IX (we) last from the causes and on the date stated above. 22b. DATE SIGNED JR., LT, MC, USNU, S. Naval Hospital, Bethesda, Md. 123d. LOCATION (City, town or county) (State) Burial-Shipment Lincoln Memorial Park Pittsburg 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS WashDC MAY 2 9 '61 W.W. Chambers Funeral Home, 1400 Chapin St., NW. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORD RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND death b. CITY OR TOWN (if outside corporate l'm'ts, c. CITY OR TOWN (if outs'de corporele limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Silver Spring Silver Spring after d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give stree address a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1135 Loxsford Terrace YES NO K 3. NAME OF DECEASED OF 19 61 (Type or print) Thelma Elizabeth Pyle DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 54 birthday Hours Months Days Feb. 24, 1907 Female White WIDOWED DIVORCED ICa. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gn country) done during most of working life, avan if ratirad) U.S.A. Own Home Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Uda G. Remmington Arthur M. Anderson and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval, (Yes, no, or unkown) (If yes give was or dates of service) # Same as Wm. H. Pvle 18. CAUSE OF DEATH (Enter only one cause par line fe INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(6) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of itam 18.) ď (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, streat, office bldg., etc.) While Not While Hour e.m. at work at work n.m. 21. I certify that (I) (this hospital) attended the deceased from... ..., and that death occured all AM, from the causes and on the date stated above saw the deceased alive on...... 22a. SIGNATURE ATTENDING SLENED DIRECTOR PHYS. ₽HYS. 22d ADDRESS 22c. PHYS CIAN'S NAME (Typa) Donald Nelson 230. BURIAL, CREMATION, | 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify)
Burial 5/15/61 Ft. Lincoln Cemetery Colmar Manor, Md 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Gasch's Sons 4739 Balt. Ave. Hyattsville

MARYLAND STATE DEPARTMENT OF HEALTH

funeral the d 2 and filled in Pages 1 completely papers. carbon and physician гетоме attending pt Then please i ian. the ģ physic aftending cate certifi R: After this detached for he may be retained DIRECTOR: should

TO HOSP, AL. OR ATTEND
Sy death.

Ye TO FUNERAL DIRECTOR: A
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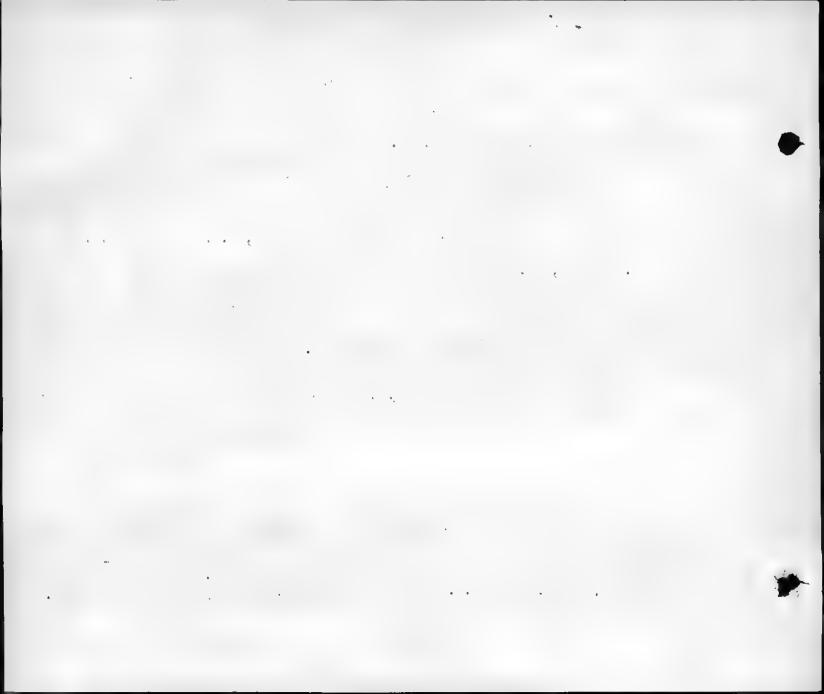
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/	200100	Upper Marlboro								
九	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
٧	The Clinical Center, Bethesda 14, Md. Box 1236	YES NO K								
	3 NAME OF First Middle Lost 4. DATE OF	Month	Day Year							
	(Type or print) Deborah Lynn Randall DEATH	May	23 19 61							
)	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9.	AGE (In years IF UNDER lost birthdoy) Months	TYEAR IF UNDER 24 HRS							
/	Female White WIDOWED DIVORCED March 15, 1958	3 yrs. Monins	Days Hours Min							
	10a USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign cour during most of working life, even if retired)	itry) 12 CiT	IZEN OF WHAT COUNTRY?							
	Child Washington, D.O	Washington, D.C.								
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
	David E. Randall, Jr. Margaret Thomas									
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANTThe Medical Rec	ord Address								
	(Yes, oo. or unknown) (If yes, give wor or dotes of service) None The Clinical Center, E	Maryland								
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN								
	PART I DEATH WAS CAUSED BY. Atelectasis Right, Medial Lohe and Lef	onset and death								
	and extensive Phermonitie	Z=) Weeks								
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	lying couse lost (c) Diffuse Emphysema; Respiratoryacidosi									
	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO									
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	saw the deceased alive an May 23 19 61, and that death occurred 12:15 m, ram the	1 ay 23 , 19 6	1, that (I) (we) last							
	220 § GNATURE		226 DATE							
	M.D. ATTENDING MED DIRECTOR D	STAFF PHYS. IC	5-23-61 SIGNED							
	22c PHYSICIAN'S NAME (INP)	cal Center,	National							
	HUGH E. EVANS, W.D. Institutes of Hea	11th. Betheso	ia lle Md.							
	230 BLRIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATED SUCCESSION AND SUCCESSION	N (C ty towns or county)	(Stote)							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF 250 REC'D BY REGISTRA	AR ZSB REGISTRAR'S SI	GNATURE							
	Temmora Broo. 1661- Stord Make Fel St. DATE HIAY 24 '61	.	Firmed							
	Charles in and in any	24								

TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. offer death. Page 4 may be that by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



VR A1S (4) 15M E/59

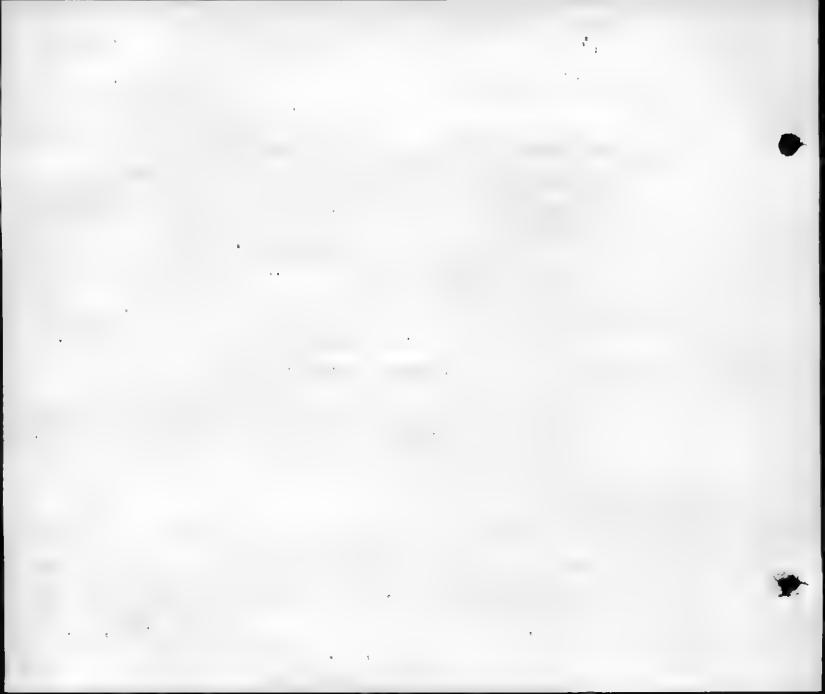
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	OR INSTITUTION	'AL (If not in hospital, g MERY GENERA				TRIDELP	нта Ro	AD				PARM?
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_	(Type or print)		7	LAVERNA		REED ATE OF BIRTH	DEATH	9. AGE (In years	Y 21	YFARIN		1961
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	J. FAIRER 5 NAME				''	I. MOTHER'S MAIDEN I	NAME					
)	S. WAS DECEASED EVE	ID COOK	CES2 [24	SOCIAL SECURITY NO.	17. INFOR	GERT	IE FRA	ZIER	WA 80			
	(Yes, no, or unknown)	(Il yes, give worler dates of s	ervice]		,,,							
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	20c TIME OF INJUR	Y Month, Doy, Yes		NJURY OCCURRED 20 Not while t of work	De PLACE factory,	OF INJURY (Home, farm street, office bldg., etc	n, 20f (Cit)	y or town)	(C	ounty)		(State)
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		sed alive on MA		19 61, and th								
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		he Cus	5.6	Mintoler	M.D	PHYS D	RECTOR	STAFF PHYS		5	/22	/61
	22c. PHYSICIAN'S NAME (Type)			1		22d ADDRESS					,,	
		CHARLES S					VILLE	<u>MARYLAN</u>	10			
2	230 BURIAL, CREMAT C REMOYAL (Specify))F	23c NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCA	TION (City, town,			(Stah	e}
	Burial	May 23.	196		Bap	t1st	Wes				1d.	
1	FLINE WIDIRECTOR	Wolsen	nth	Damas	cus,	Md . 2So. REC	'D BY REGIS'		STRAR'S SIG			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF		IND RECORDS - BALTIF	MORE 1, MAR	YLAND	, -	() * ()	
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PLACE OF DEATH	item 2 Film	Z USUAL RESIDENCE TWA	ere deceased live	d. If institution	Residence before	re odmissi	ion)
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Towns one gird necess town,	3413	1/01/11/14	111441	IVIII .R.	oekvill.	2	
d NAME OF HOSPITAL (If not in hospital, give street OR NSJHJJD)M	address)	d, STREET ADDRESS	1219	Roundhil	LL) Rd.	e. IS RESI	FARM?
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H.W.		Hirg.			4-	5	
13. FATHER'S NAME		14 MOTHER'S MAÎDEN N					
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(Yes, no. or unknown) (If yes, give wat or dates of service)		NFORMANT	- 1)	Address			
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18 CAUSE OF DEATH [Enter only one cause per li	ne for (a) (b), and (c)	1 / Marie	1		ONS	RVAL BE	DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	COUNTY	1 : Ward	1.000		4	160	uje
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lying couse lost, (c)//	CONTRIBUTE O TO DOUTE BUT	CHOT BELLEON TO THE PERMIT			W. 04 PT 14 . 1	0 14/45	NUTORCY
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20c. TIME OF NJURY Month, Day, Year 20d. I Haur o. m. While p. m. 19 pt war	k ot work	ctory, street, office bldg., alc.	1	7		,	
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saw the deceased alive and the	19/2/ , and that	10.	4) 7	couses and	, -,	, , ,	
22g S GNATURE	- // Cald that t	Scarri Gecordes 21 12	The same of the sa	cooses gyo	5		DATE
11×1/16627	4/11	M D PHYS DI		TAFF HYS	Una	9/1	SIGNE
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS			/	17	203
Wm. S. Murp	hy/	615 W.	Montg.	Ave.	KOCKVl	rre,	, MO

Burial CREMATION 236 DATE THEREOF

NAME OF CEMETERY OR CREMATORY Pleasant View Cem. 23d LOCATION (City town, or county) Mt. Jackson, Virginia

ADDRESS

25a. REC'D BY REGISTRAR DATE MAY 1 5 '61

256 REGISTRAR'S S GNATURE Chilun & Home

Pabert A. Pumphrey

Bethesda, Maryland

VR A1S (4) 1SM 9759



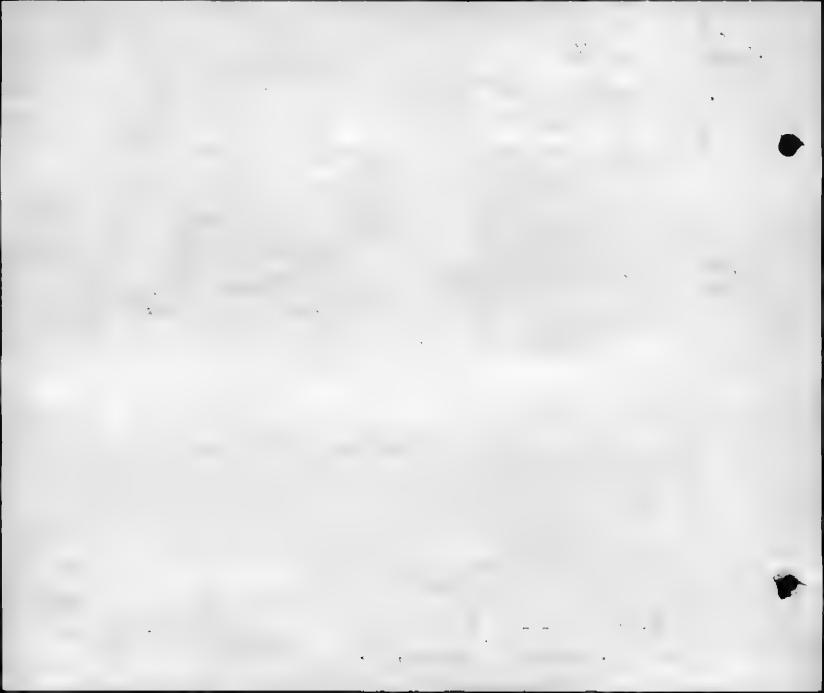
MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** STREET, BALTIMORE 1, MARYLAND Item II Film G287 USUAL RESIDENCE (Where deceased lived, If institution; Residence befor admission) . PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND C. LENGTH OF STAY IN 16 b, CITY OR TOWN (if outside corporate lim is, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerss) town). a a . IS RESIDENCE IUTION (if not in hospitel, give street address) ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) 19 AGE (In years | IF UNDER I YEAR IF JNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? FT PO CO Unknown we 16. SOCIAL SECURITY NO. 17. INFORMANT (dyes give we ror detect fervice) CAUSE OF DEATH [Enter only one couse per jing for (e), (b), end (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava rise lo immadiela causa DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 206 ACC DENT WAS UNDERLYING ___ 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of from 18.)
OR CONTRIBUTING __ CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Slete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While et work et work 21. | certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on 22b. DATE 22a. S GNATURE ATTENDING S GNED DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 1 23d. LOCATION (City, lown or county) BURIAL, CREMATION, 236. DATE THEREOF 123c NAME OF CEMETERY OR CREMATORY Woodside Cemetery Middletown. 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Md. ROBERT A. PUMPHREY

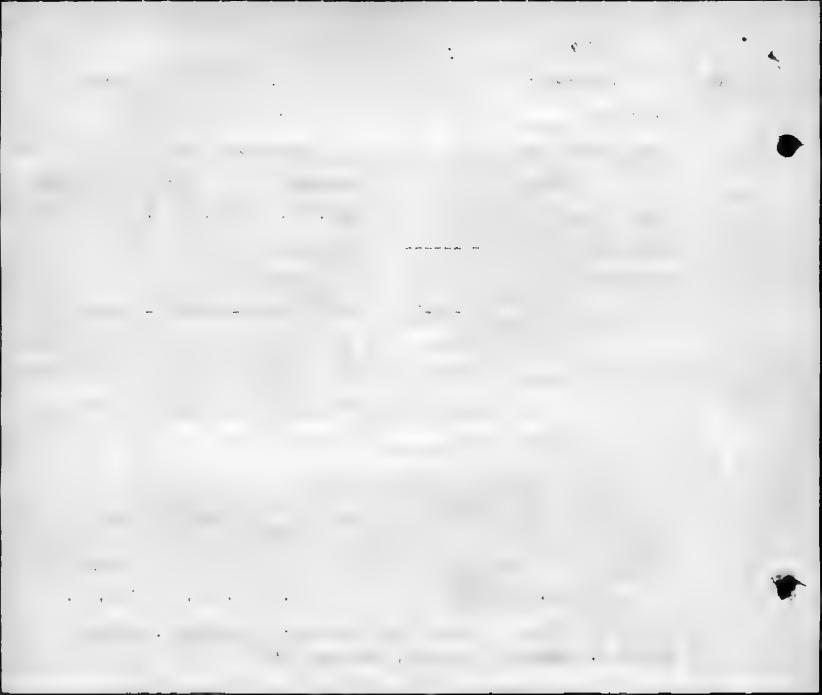
etely physician attending pl s.gned 0 £ certificat CIO may b FUNERAL 0 H VR A15 (4) 15M 9/60

funeral

the d 2

P





Robert A. Hare, M. D. Washington Sanitarium and Hosp.

MAY 1 0 '61

Cirthung & Fraces

completely carbon physician filed,

by the and 2 sedeath.

VR A15 (4) 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacased I vad, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Montg-ome Ry
b. City or town (if outs'de comprala ..mits,
write RURAL end give nearest town) MARYLAND Mary land Monte-omery c. CITY OR TOWN (Il outside corporate limits, write RURAL and give a serest toyn) CE deat C. LENGTH OF STAY IN 16 á Koma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WashingToN DECEASED OF (Typa or print) DEATH May 5. SEX AGE (In years) IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days and WIDOWED DIVORCED [physician 10a. USUAL OCCUPAT ON (G.va kind of work Φ 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) DWINED 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT (Yas, no, or unkown), (Ilyasgiva war or dates of sarvica. AB. CAUSE OF DEATH [Entar only one cause per line for (a,, (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DJE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLY NG ____ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While __Not While at work al work n.m 21. I certify that (I) (this hospital) attended the deceased from... Feb. 19.61, that (I) (we) last saw the deceased alive on 19.1., and that death occured 2.4.5., from the causes and on the date stated above.

 IS RES DENCE ON A FARM? YES NO K

196/

Hours

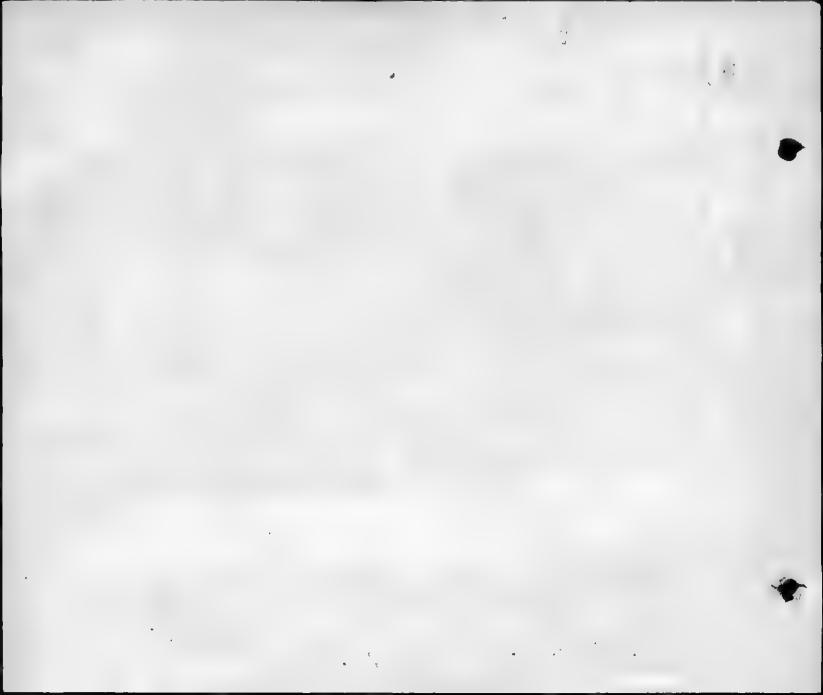
INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stata)

ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYS CIAN'S 22d. ADDRESS. NAME (Type) FUNE ector, filed 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 234, BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify) Gate of Weaven Montgomery Co. Maryland 0 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE 8434 Georgia Ave, S Spring, Vd

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. if institution; Residence before edmission) e. COUNTY STATE **b.** COUNTY Montgomery West Virginia 4 2 t MARYLAND by il b. CITY OR TOWN (if outs de corporete | m ls. c. LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporato limits, write RURAL and give nearest town) Bethesda (Rural) 39 days after .5 *** Berkley Springs ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d STREET ADDRESS U. S. Naval Hospital 3. NAME OF Middle DATE (Type or print) RICE DEATH Harold Alston May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years : IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months D VORCED Caucasian , WIDOWED [Male 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 anty & Ster or foreign country; 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Educational Adviser West Virginia pay 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ahmanding Bertha FISHER Frank RICE 9 and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yesgive wer or deles of service) (W) Mrs. Eleanor Rice, same as #2 above Yes the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ۵ aneurysm (ascending corte) with suption into PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Etiskopy undetermined (One day post spers two) Conditions, fery, which gave rise to immediate cause DUE TO (*), steling the underlying ceuse lest. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19. WAS AUTOPSY cert, ficate 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Iem 18.) OR CONTRIBUTING CAUSE OF DEATH Affer 20d INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Not While fectory, street, office bldg., etc.) While Hour e.m. et work | et work may be relaine DIRECTOR: 21. I certify that N (this hospital) attended the deceased from. April 16 1961 to May 25 1961., and that death occured at 10M, from the causes and on the date stated above. saw the deceased alive on . May 25 22e. SIGNATURE ATTENDING Sames ? Me Chemathan DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S James E. MC CLENATHAN. CDR.MSC.USN U. S. Naval Hospital, Bethesda, Md. FUNE.

730 NAME OF CEMETERY OR CREMATORY

Greenway Cemetery

ADDRESS

Home, Bethesda, Md.

ON A FARM?

YES NO X

1961

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES T NO

(State)

22b. DATE

(Stele)

1 23d. LOCATION (City, town or county)

Berkley Springs

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

SIGNED

VR A15 (4) 15M 9/60

0 5 2

230 BURIAL CREMATION 1236 DATE THEREOF

Pumphrey Funerall

24 FUNERAL DIRECTOR'S SIGNATURE

5-29-61

REMOVAL (Specify)

Burial



FOR STATE

TO DEPLAY MEDICAL EXAMINER: This certificals sloud be exacted within 24 llours attended the time of the more search please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Parch Page 5 may be retained for your filter TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Board of floading or its designated agent, prior to burial, cremation, or removal, and in any event when 12 hours after death

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5859 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

5853 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before edmission)
montumery MARYLAND	a. STATE be B. COUNTY hands
b. CITY OR TOWN (fourside comporate limits, j.c. LENGTH OF STAY .N 1b write RURAL and give nearest town)	c. CITY OK TOWN (If obtaine corporate I m ts, write RUKAL and give strates) town
So- Cl Head	Washwiton +1X-
d. NAME OF HOSPIPAL OF POTITUTION If not in hospitel, give street eddress)	d. STREET ADDRESS 1 0. IS RESIDENCE ON A FARM?
-901 Verstie Dr.	62 N SVI, N. LU YES NO VI
3. NAME OF PRIVATE AND	Last 4. DATE Month Dey Year
(Type or print) Thank (Suchan	cloon DEATH May 9 1961
5. SEX 6. COLOR OR KACE 7. MARRIED NEVER MARRIED 5.	DATE OF BIRTH 9. AGE (n years IF UNDIR 1 YEAR IF UNDER 24 HRS lest birthday), Months Deys Hours Min.
male Col WIDOWED (DIVORCED (12-22-10 50 N
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11 B.RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
suremployed	-Va 91.5 G
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ASMED FORCEST 16. SOCIAL SECURITY NO. 17. E	Mandy unknown
(Yes, no, or unxown) (Ifyatg vewerordeletofservice)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	1. E. Police
DARY I DEATH WAS CAUSED BY	ONSETIAND DEATH
IMMEDIATE CAUSE (a) Friedlander 5	PN PUMOJUICA UN NOUN
DUE TO	
Conditions, if eny, which (b) gove rise to immediate couse	·
(a), steting the underlying DUE TO	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6 19. WAS AUTOPSY
PART .F. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (E PRIMARY OF CONTRIBUTING OF DEATH.	nter nature of injury in Part I or Part It of Item 18.)
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
3 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, farm, 20f. [City or town) [County] (State)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. PLA	ory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy A Inspection . Inquiry . and in my opinion
death resulted from: Natural causes 🔀, Accident 🗍, Suici	de . Homicide . Undetermined manner
1	CHIEF MEDICAL EXAMINER
SIGNATURE Trank On Broschaut	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	DEPUTY MEDICAL EXAMINER \$2 5-61
NAME (1/po) FALNK J. 13 LOSCHZ	Addrass (Street, city, fown, or county)
226 BURIAL, CREMATION, 225 DATE THEREOF 226 NAME OF CEMETERY OR	CREMATORY 22d. EQCATION (City, town, or country) (State)
23. FUNERAL DIRECTOR ADDRESS	1 248. REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE
Del to A 1 Kock of	0 md MAY 15 161 011 - 9 +6 114
Moller - Mawaen - Jack	CO TO DARRAL TO OT COMMENT S. TOLLING



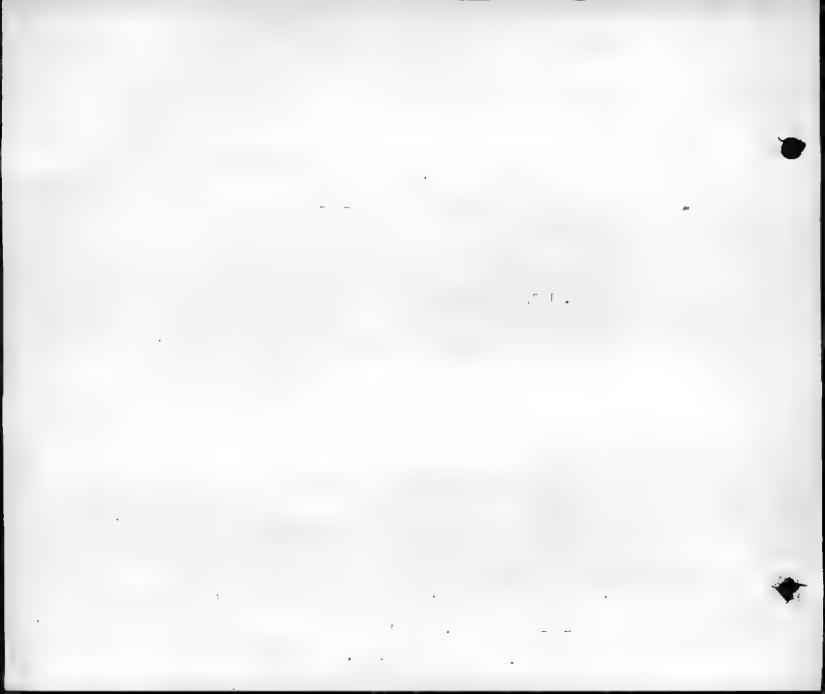
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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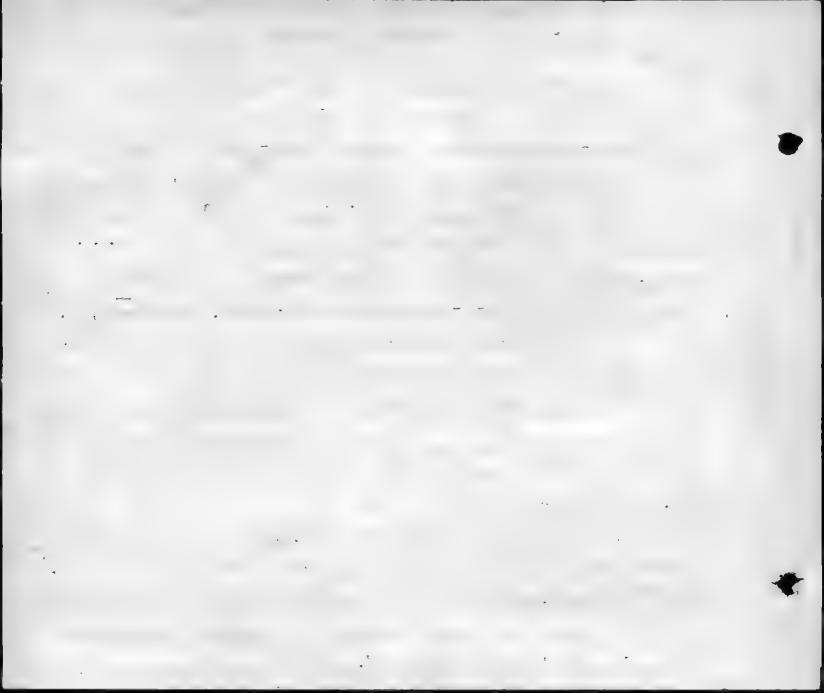
05847

	5860	CERTIFICA	TE OF DEA	TH		U	5847			
1	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE	E (Where deceased lived	d, If anstitution	Residence bef	ore admission)			
	MONTGOMERY	MARYLAND		RYLAND	B. COUNIT	MONTE	MERY			
/	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	CITY OR TOW	N (If outside corporate la	imits, write RUI	RAL and give ne	arest town)			
	OLNEY	6 DAYS	LA	YTONSVILLE						
-	d. NAME OF HOSPITAL (If not in hospital, give stre	et oddress)	d STREET ADDR	ESS			e IS RESIDENT	CE		
Ŀ	MONTGOMERY GENERAL	HOSPITAL					YES NO			
3	NAME OF First DECEASED	Middle	lost	4. DATE	Month	D	lay Year			
	(Type or print) FRANCI:	s Guy	RIORDAN	OF DEATH	MAY	12,	19 6	51		
5	SEX 6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B DATE OF BIRTH	9. AC			R IF JNDER 24	_		
	MALE WHITE WIDE	WED DIVORCED	1-21-189		68 yrs	Months Doys	Hours M	iin.		
1	Da JSUAL OCCUPATION (Give kind of work done 1)	DE. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE	(State or foreign country)	12 CITIZEN C	F WHAT COUN	TRY7		
	during most of working life, even if retired) MERCHANT	GENERAL	MAR	YLAND		USA	4			
1	3. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME						
	EDWARD RIO	RDAN	ANNA B	RIGHTWELL						
1	WAS DECEASED EVER IN U. S. ARMED FORCES?	10 SOCIAL SECURITY, NO 17.1	NFORMANT		Addre	\$\$		_		
'	ves 217 32 1739	Urli Holdin	Hospit	AL RECORDS.	OLNE	Y, MARY	LAND			
F	18. CAUSE OF DEATH [Enter only one couse pe] IN	TERVAL BETWEE	N.		
	PART I. DEATH WAS CAUSED BY.		21/11/4	emorri	hoda	→ ON	SET AND DEA	1H 1 (
	DUE TO				70.					
	Conditions if one which									
	gove rise to immediate (I)									
	couse (o), storting the under									
1	(16)									
	PERFORMED? YES NO									
	200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH									
1	OR CONTRIBUTING CAUSE OF DEATH									
1	20c T ME OF INJURY Month, Doy, Year 20c			e, farm, 20f. (City or to	own)	(County	·) (S	lote)		
i i	20c T ME OF INJJRY Month, Doy, Year 20c Hour o.m. 19	ile Not while	ctory, street, office bld	g., etc.)						
	21 I certify that (I) (this haspital) atte	anded the deceased from	5-6	196-1 10 5	-/2_	10/a/ +	hat (I) (wa)	lost		
ı	sow the deceased olive on 5-1	L 1963 / ond that a	death occurred at							
ı	22/SIGNATURE	FILL TAKE I TORK THOIR	Jeon occorred Q	A M, Non me	cooses ono	on me dor	22b DA1	TE		
ı	Jack Schum	acher						NED		
	AZC. PHYSICIAN'S		22d. ADDRESS							
ı	NAME (Type) JACK SCHUMACH	ER. M. D.	GAI	THERSBURG,	MARYLA	NO				
2	30 BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C		23d LOCATION			(State)			
	REMOVAL (Specify) Eurial 5-15-61	St. Peter's		Libert	vtown.	Maryla	, ,			
2	FORERAL DIRECTOR'S SIGNATURE	ADDRESS	250	REC'D BY REGISTRAR	25b REG ST	RAR'S SIGNAT	JRE			
	Francis II Barber	Lartonsville.	Md. DA	TE MAY 1 5 261	0.0	1.00 8 H	4			

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 5261 Rea. Dist. No I director, Tited with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest lown) RURAL and give negrest town) Silver Spring Five years Silver Spring d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT 170 Glenmont - Colesville Road 170 Glenmont - Colesville Road Middle 4. DATE Year filled DECEASED (Type or print) DEATH May 16 Charles Edgar Robev 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) Months Male White Dec. 7. 1 872 WIDOWED [7] DIVORCED [7] complet popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? bon poper er death. during most of working life, even if retired) Wholesale Driggist U.S.A. Maryland puo Retired - Business ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Robev Maryland Alexenia Roby Maryland 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address IYes on or unknown! 170 Glenmonte Colesville 577**--**07**--**1328 Miss Lucille C. Rober 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Thingry Tract infection 2. months DUE TO Conditions, if ony, which b Amoutation Left leg 2 months gove rise to immediate **DUE TO** gar. cosse (o), sloting the underlying couse lost. (Arteriosclerosis 20 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY A HETE 20e, PLACE OF INJURY IHome, form. Day, Year 20d. INJURY OCCURRED 20f. (City or town) Not while (County) (Stote) factory, street, office bldg., etc.) Hour o. m While of work of work 4.00 2000 _, and that death occurred at_A_OOAM, fram the causes and an the date stated above. alive on. ADDRESS (Street, city or town, stelle) ACTUAL 8107 Eastern Avenue Silver Spring Md. should NAME (Type) Bernard H. Ostrow 67 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Parklawn Cemeterv 5/18/61 Rurial Mont gome ry County Maryland 0 8434 Georgia Ave. Silver Spring, Md. 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Warner E. Pumphrey, Inc. MAY 2 2 '6' Cultur S. Thous DATE 15M 9/55 almound a Ticker



TO HOSE IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in \$\tilde{1}\$ to Host the death. It may be retained by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in \$\tilde{1}\$ the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, carmation, or remove), and in any event, within 72 hours after death.

VR A15 (4)

15M 9/60

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5. 10e don 13.

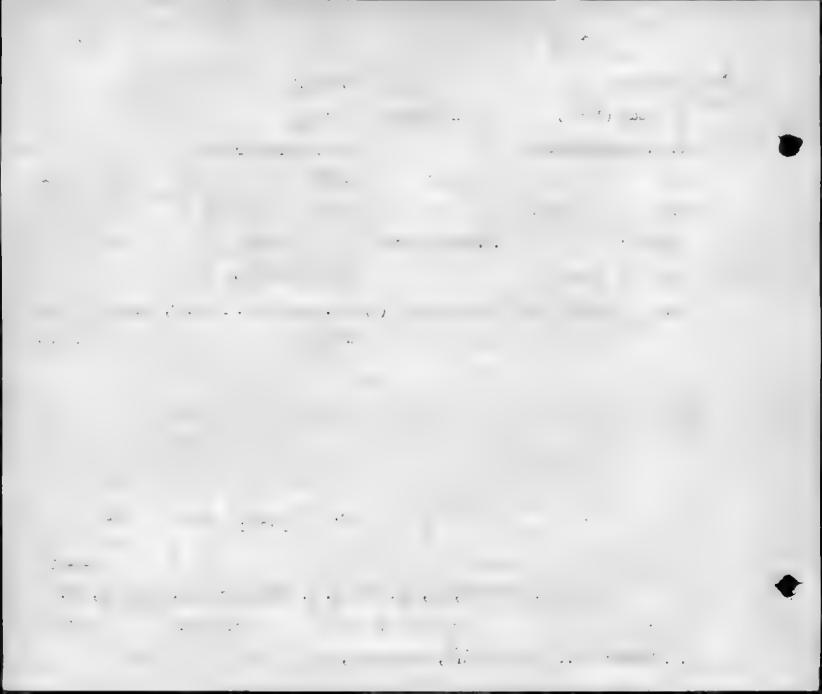
15. (Yes

CERTIFICATION

MEDICAL

23e.

		N	ARYLAND STATE DE	PARTMENT OF H	EALTH	
	DIVISION	OF STATISTICAL I			TREET, BALTIMORI	I, MARYLAND
		<u> 5862</u>	CERTIFICATI	OF DEATH		05839
)	PLACE OF DEATH •. COUNTY Montgomer;		MARYLAND	Virginia	b, COUNTY	ilution; Res dence before edm ssion)
	Bethesda (c. LENGTH OF STAY IN 1b 132 days of in hospital, give street eddress	Triangle d street Aboress	de corporete limits, write RL	JRAL end give neerest fown) I e. IS RESIDENCE ON A FARW?
	U. S. Nave	al Hospital	Midd e		DATE Month	Day Yeer
	(Type or print)	Carl	Albert		of DEATH May	3 1961
	sex (ale	0	MARRIED NEVER MARRIED B	7-10-34	9, AGE (n yeers If I lest b rihdey) Mi	UNDER 1 YEAR F JNDER 24 HRS.
100	. USUAL OCCUPATE	ON (Give kind of work	106, KIND OF BUSINESS OR INDUSTRY	,		12, CITIZEN OF WHAT COUNTRY?
đo	Officer	rking life, even if retired)	U.S.Marine Corps	Michiga	ın	USA
13.	FATHER'S NAME	-		14 MOTHER'S MAIDEN NAM	E	
	Henry B.		7 16. SOCIAL SECURITY NO.) 17. 11	Anna Mae PURC	ELL	
IFICATION	Conditions, if any gove rise to immedia (a), stelling the unceuse lest.	WAS CAUSED BY: MMEDIATE CAUSE (e) ADUE TO Which te ceuse deriving SIGNIFICANT CONDIT O	JSC DESCRIBE HOW INJURY OCCURED.	T RELATED TO THE TERMINAL D	DISEASE COND TION GIVEN	N PART I(e) 19. WAS AJTOPSY YES NO 1
1 CERT		MEDICAL EXAMINER		and the second s	,	
MEDICA	20c. TIME OF INJUI Hour e.m. p.m.	19	et work et work	ry, street, office bldg., etc.)	Dt. (City or town)	(County) (State)
23e	saw the decease 220 SIGNATURE 220 PHYSICIAN'S/ NAME (Typo) BURIAL, CREMATIC REMOVAL (Specify)	ed alive on May	FITCHER, LT, MC, US	death occured at	STAFF PHYS. X	22b. DATE 22b. DATE 5-3-61 2thesda, Md. (Stele)
	rec. e. CI		Arlington Nation Nation Nation Address M. St., NW, Washington	25e, REC'D B'	Arlington (REGISTRAR 25b. REGIST (5 '61 C	Virginia TRAR'S SIGNATURE THAT S. HAMA



be executed within 24 ATTENDING PHYSICIAN: The law requires that the death certificate may be reinfied by the haspital ar attending physicion TO FUNERAL DIRECTOR: After this certificate has been signed 3 shauld be detached for use as the burial-transit ¥ 79

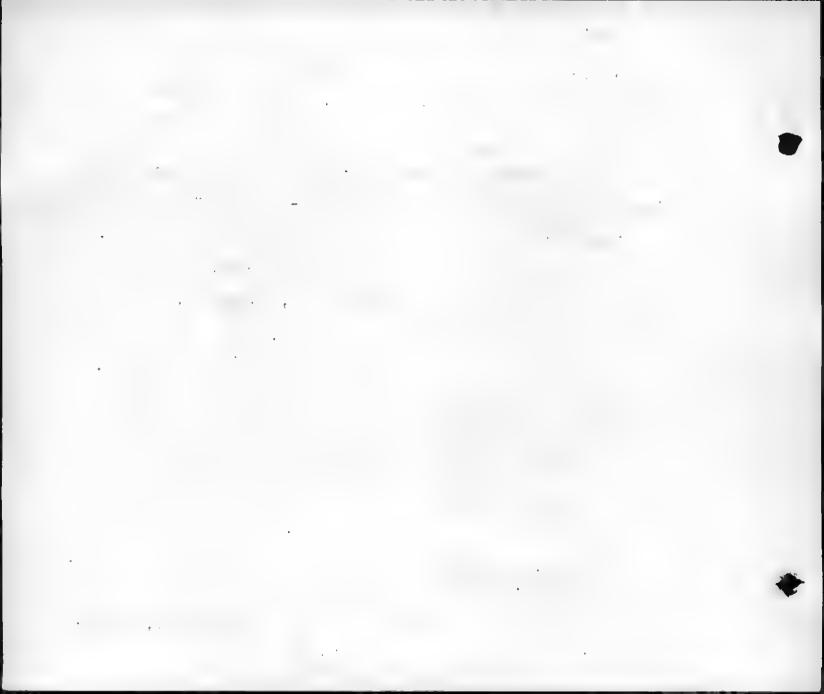
registror å L

Prior

VS A15 743 15M 9/5B

WAS AUTOPSY PERFORMED? YES NO (County) 21. I certify that I attended the deceased fram and that death accurred at 11 alive on ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.Smith Gordon PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, fown, or county) 22c NAME OF CEMETERY OR CREMATORY (State) Beallsville, Maryland 5/26/61 Monocacy ADDRESS 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR MAY 3 1 '61

Reg. Dist. No U 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Giles **b** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOT Month 61 May 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years los birthdoy) Months 12. CITIZEN OF WHAT COUNTRY? U.S Address Albert Ross, Barnesville, Md INTERVAL BETWEEN ONSET AND DEATH 20 MINUTES (Stote) 19_61, that I last saw the deceased _M, from the causes and an the date stated above. **DATE SIGNED**



DA. JULAL OCCUPATION (Give and of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER S NAME MARTIN ROZNOSKI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE (D) Mrs. Laverne Koon, Same as #2 above INFERVAL BETWEEN DUE TO Conditions, if only, which give dies to immediate couse (a), stelling the undarlying couse last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTOPSY PERFORMED? YES ON CONTRIBUTING CAUSE OF DEATH (IE ETHER) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IE ETHER) CAUSE OF DEATH (IE ETHER) CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTI	MARYLAND STATE DE	EPARTMENT OF HEALTH								
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MARYLAND DECEMBER OF THE STATE	PLACE OF DEATH									
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U. S. Naval Hospital NAME OF DECRASED (Type or pinn) Frances S. SEX 6. COLOR OR RACE, 7. MARRIED NOVER MARRIED NOT		Bethesda								
3. NAME OF DECRASED (Type or print) PRINT PRINCES S. SEX 6. COLOR OR RACE, 7. MARRED NEVER MARRIED NEV	d. NAME OF HOSP,TAL OR INSTITUT ON (If not in hosp tel, g ve street eddress)									
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Remaile Caucasian widowards Divorked To Di	5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED									
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OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey Yeer 20d. INJURY OCCURRED While Not While et work of the wor										
(Stele) 20c. TIME OF INJURY Month, Dey Yeer Hour a.m. 19	206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of item 18.)								
Hour a.m. p.m. 19 While et work strate, office bldg., etc.) 21 certify that (this hospital) attended the deceased from May 15 1061, to May 25 1961, that (if (we) last saw the deceased alive on May 25 1961, and that death occured at M, from the causes and on the date stated above. 228. SIGNATURE ATTENDING MED. STAFF MED. STAFF MED. DIRECTOR PHYS. MED. STAFF MED. SIGNED MED. STAFF MED. MED. STAFF MED. ME										
21 I certify that N (this hospital) attended the deceased from. May 15										
saw the deceased afive onMay 2519.61, and that death occured atM., from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. X 5-25-61 22c. PHYSICIAN'S 22d. ADDRESS	p.m, 19 of work et work									
228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 5-25-61 226. PHYSICIAN'S 227. DATE 228. DATE 228. DATE 229. DATE 220. DATE 220. ADDRESS										
22c. PHYSICIAN'S TARE THE STAFF DIRECTOR PHYS. X 5-25-61 SIGNED		at death occured at M, from the causes and on the date stated above.								
22c. PHYSICIAN'S 22d. ADDRESS	\n -	ATTENDING MED. STAFF								
MANE (For										
· · · · · · · · · · · · · · · · · · ·		U. S. NAVAL HOSPITAL, BETHESDA, MD.								

230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)
Burial-Shipment 5-26-61

23c. NAME OF CEMETERY OR CREMATORY

23d, LOCATION (City, town or county)

Command Strange

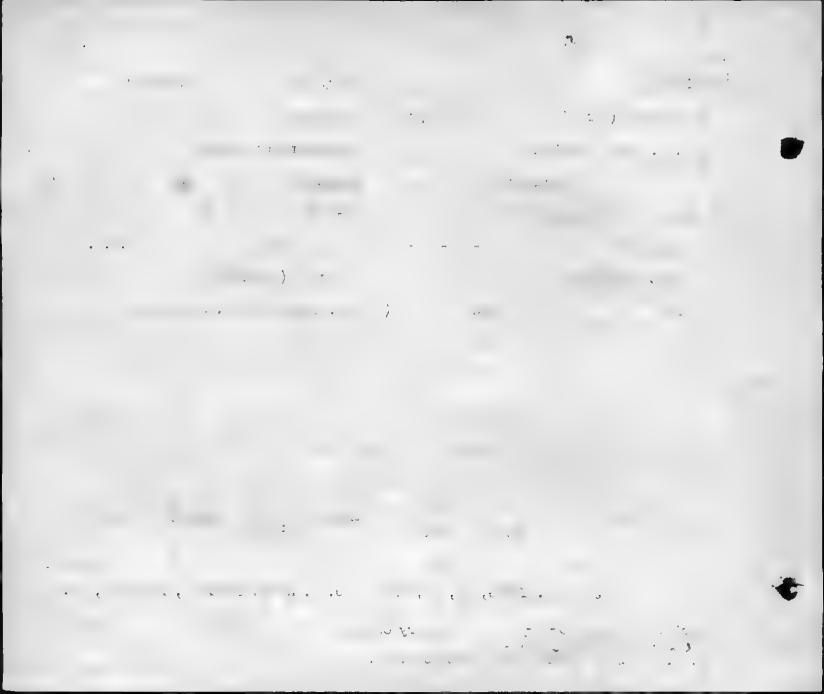
(Stelle)

Calvary Cemetery

Toledo Ohio 25a. REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE DATE MAY 2 9 '61

A. Pumphrey Funeral Home, Bethesda, Md.

15M 9/60



5865

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIF

CATE OF DEATH			<u>u5</u> .	25
2 USUAL RESIDENCE (Where deceased lived	If institution	Residence	hefore	odroissi

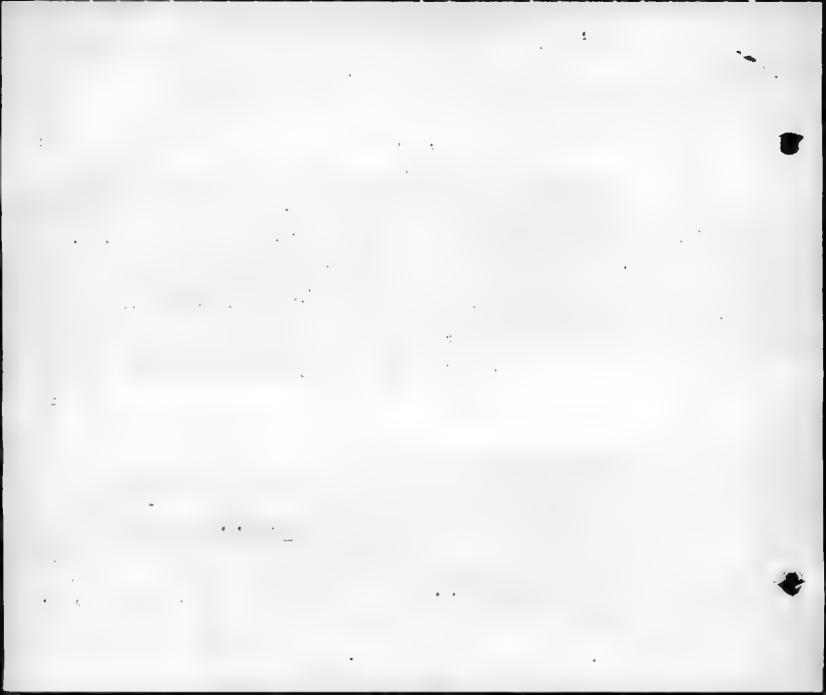
ł	In PLACE OF DEATH O COUNTY Fontgomery		MARYLA		usual Residence o o state Virginia	Where decease	d lived If institute b. COUNTY	on Residence	before adr	nission)
ŀ	h CITY OR TOWN (If oulside corporate la	ım is, write	c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If autside corpo	orate limits, write Ri	URAL and gr	ve nearest to	awr)
	RURAL and give rearest town)	RURAL ond give rearest fown) Bethesda			rlington			* >	Man.	X
	d. NAME OF HOSPITAL (If not in hospital	d. NAME OF HOSPITAL (If not in hospital, give street address			d. STREET ADDRESS				e IS	RESIDENCE
	The Clinical Center,	_		3	354 North	Second	Street			NA FARM?
-		First	Middle	11-	Lost	4. DATE	Mon	th	Day	Year
	(Type or print) Pat	_	Emmerson		Runion	OF DEATH	2.5		16	1961
		E 7- MARR	IED 🗌 NEVER MARRIED	_	ATE OF BIRTH		9 AGE (In years Jost birthday)		YEAR IF UN	NDER 24 HRS
	Male White	WIDOWE	D DIVORCED [n De	ecember 1,	1954	6 yrs.			
	10a. USJAL OCCUPATION (Give kind of war during most of working life, even if retir		KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sto	ate or foreign o	ountry)			AT COUNTRY
) [Student		None		Vir	ginia		U	J.S.A.	
	13. FATHER'S NAME			1	. MOTHER'S MAIDEN	NAME				
-1	Owen Runion				Avis Fun					
	15. WAS DECEASED EVER IN U. S. ARMED FI		SOCIAL SECURITY NO.	17 INFOR	MANT The Me	dical I	Record Add	ress		
ı	No	J. 101 (102)	None	The	Clinical	Center	Bethesd	a 14,	Maryl	and
	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if only, which gove rise to immediate couse (a), stating the under- lying couse ast. PART II OTHER SIGNIFICANT CO OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINET) (IF EITHER, NOTIFY MEDICAL EXAMINET)	(o) C ₈ TO C ₆ (b) C ₆ DNDITIONS C	ongemital He	rdia BUT NO	C SURGETY	RMINAL DISEAS	SE CONDITION G V		6 y 6 h	CATS COURS AS ALTOPSY PHORMED?
	20c TIME OF INJURY Month, Doy Hour a.m. p.m.	Year 20d It White of warl	Nat while	factory	OF INJURY (Home, fo , street, office bldg.,	etc.)	y ar tawn)	(Co	ounty)	(Stote
	21 I certify that (!) (this hasping saw the deceased alive an	lay 16	19.61, and th	iat deat	ATTENDING PHYS. D	MED DIRECTOR D	STAFF PHYS	er,	date stat	226 DATE \$ CNEI 17/61 nal
	230 BURIAL CREMATION, 236, DATE THE		23c. NAME OF CEMETE		EMATORY	23d LOCA	TION (City, tawn,	ar county)	(Stote)
-	Burlal-transit 5-	17-61	Oak Grov	e Ce	emetery	Fau	lks Run			а
	24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	3.4		EC'D BY REGIS	TRAR 256 REGI	STRAR'S SIGI	NATURE	
	ROBERT A. PUMPI	YAGE	Bethesda	- Mc	1	MAY 23	104	. 11 . a P	10	

TO HOSPITCAR ATTERNATIONS. The law majores that the death certificate be executed within 24 however death. Page 4 may be refer by the haspital ar attending physician.

TO FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remains carbon papers. Pages 3 and 2 shauld be fitted with the State Board of Health prior to burial, cremation, or removel, and in any event, within 22 hours after death fter death. Page 4

41.1

VR A15 (4) ISM 9/S9



5865

CERTIFICATE OF DEATH

05853

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived iff instituting Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND neame 24 b. CITY OR TOWN (If ourside carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest Jown) RURAL and give nearest town d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Carray YES NO F 4. DATE NAME OF Middle Month Year DECEASED SEMU OF DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) Manths Days Haurs WIDOWED IV DIVORCED yrs. 10a USLA, OCCUPATION (Give kind of work done 10b, KIND during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) menakul 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jamaquelle IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 37 INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS ALTOPSY PERFORMED? CERTIFICATI YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg , etc.) Haur a.m. While Not while p. m. al wark of wark 21 I certify that (1) (this hospital) attended the deceased fram.____ and that death occurred 625PM, from the causes and an the date stated above. saw the deceased alive and 22a SIGNATURE 225 DATE \$ GNED ATTENDING MED DIRECTOR STAFF M.D 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR REMOVAL Specify) 21 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 25a. REC'D BY Cirling S. Frank

director filed erol by the ... od 2 should b gug c filled Pages death. completely after papers. ond pou 50 physician within remove <u>Bu</u> T á buriol-transit cremotion, certificate by the MIRECTOR: FUTTER AL TITR 9

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5867 TO HOSPITE TO ATTINDING ENTITIONS. The fam requires that the death certificate Emmanuted within 24 has after death. Page 4 may be reflect by the Mospital or attending physician. THE MENNEAL MIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for mise as the burial-transit permit. Then please remains carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaind, and in any event, within 72 hours after death after death. Page 4 H

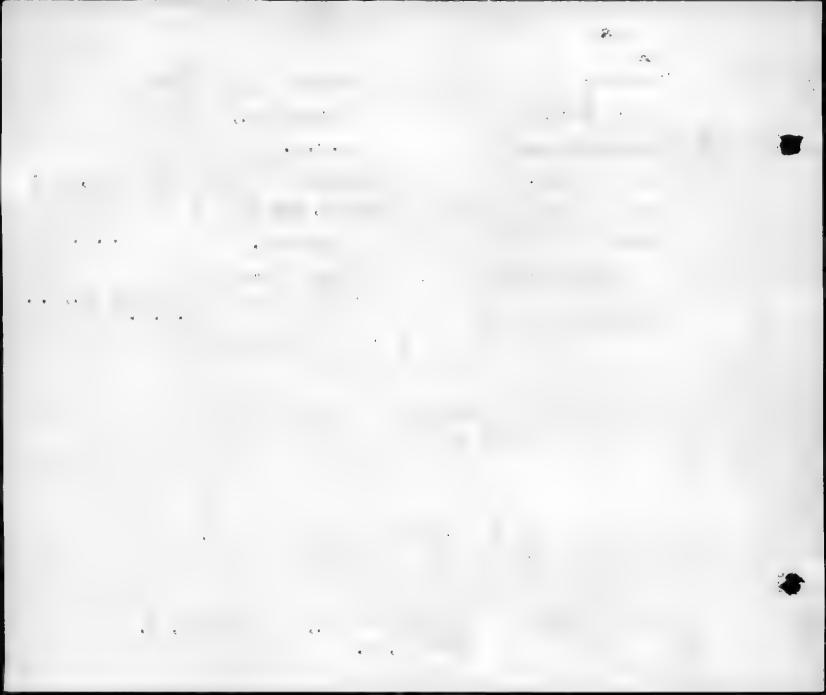
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05854

1 1	LACE OF DEATH			MINAM	a, STATE	NCE (Where decea	b. COUN	TY		ission)
-	ntgomes c. CITY OR TOWN (If au RURAL and give neare	itside corporate I mit	is, write	c LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porote limits, write	tromery RURAL and give	re nearest to	wn)
7	Norbeok d. NAME OF HOSPITAL (OR INSTITUTION	(Rural)	ive street a	ddress)	Gaith STREET ADD	ersburg.				ESIDENCE A FARM?
1.	Th	Rest Home			R. F.	D. # 2				NO 🗆
	NAME OF	Firs	•	Middle	Last	4. DATE OF	· ·	North	Day	Year
	Type or print)	CARRIE			SATTERFIEL	D DEAT		lay	21,	19 61
5 5	_			ED NEVER MARRIED	8 DATE OF BIRTH	2000	9 AGE (In year lost birthday	Months D	YEAR FUNI	
100	female	colored	WIDOWEL		June 23,		1 4	75.	N OF WHAT	COUNTRY
100	during most of working Mousewife	life, even if retired)	Kone IVQ. K	CIND OF BUSINESS OR INC		yland.	country)		S. A.	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME	,			
1	Law	erence Bro	axton		Barr	y Lucipe	tt			
	WAS DECEASED EVER IN	U. S. ARMED FORG IS, give wor or dates of se		OCIAL SECURITY NO. 17.	INFORMANT Mrs. Mazel	Kennedy	7 2001 Î	ddress faryland	Ave.	N. 5
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating the lying couse lost.	ediote DUE TO (c) SIGNIFICANT CONT UNDERLY NG [] CAUSE OF DEATH DICAL EXAMINER]	DITIONS CO	ONTRIBUT NG TO BEATH &	1.D,	njury in Port I ar P	art II of item 18)		(a) 19 WA PERF	S ALTOPSY FORMED?
MEDICAL	saw the deceased 276 S.G.N.TURE 22c PHYSICIAN'S NAME (Type)	alive on Ma	Jew 2	ed the deceased fram	death/occurred M.D. ATTENDING PHYS. 22d. ADDRESS	1960 ta at / / / M. Fran MED DIRECTOR (n the dauses	and an the	50	ed abave 22b DATE SIGNED 246
	BURIAL CREMATION,									
230	REABON 187 'Y	5/25/61		Arlington			lington,	va, or county)	(51	(016)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

286	8		CEKIII	FICA	AIE OF DEAIR	1		Reg. Dist.	No.	0855	
o COUNTY M	ontgomery	,	MARYL	LAND	2. USUAL RESIDENCE (Who STAT Maryla	ere decease nd	lived. If institution 6. COUNTY	Mont &	before odi	mission)	
b. CITY OR TOWN (II	Foutside corporate limi	ls, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Chevy			3½ year	S	Chevy C	hase		3.	5		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4604 DeRussey Parkway				d STREET ADDRESS				o. 15	RESIDENCE N A FARM?		
4	60# DeRus	sey	Parkway		4604 DeR	ussey	Parkwa	ay		□ NO X	
NAME OF DECEASED	Fir	A.F	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor	
(Type or print)	ELLA		M.		CHNEIDER	DEATH	May		6,	19 61	
SEX		7. MARR	IED NEVER MARRIE	D 🗆	8 DATE OF BIRTH		9. AGE (In years last buthday)	Months D			
Pemale	White	WIDOWI	,,,,,	Topod	May 9, 1885		lost birthdoy) 75 yrs.	11 2	7 Hou	ers Min	
o. USUAL OCCUPATION during most of work Housewif	ting life, even if retired	lone 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Stote Washingt	-			. S.	AT COUNTRY	
FATHER'S NAME	Danada				14 MOTHER'S MAIDEN N	AME					
George	Drandt				unknow	n		10.00	C	a:	
WAS DECEASED EVER	R IN U. S. ARMED POR		SOCIAL SECURITY NO.		NFORMANT Daugh					Ch.Blv	
n. no. v unknown)	for last find and or depart on to	,	None	Mr	rs. Erling F	. Sa	xhaug	Chevy	Cha	se, Mi	
Conditions, if or gove rise to it couse (e), storing lying couse lost. PART II. OTH	mmediate (Dus 70	A	teniaso	/ /e	Arterioso NOT RELATED TO THE TERMI	PIPER NAL DISEAS	05/5 0/5/9 CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY RFORMED?	
20g. ACCIDENT WA	S UNDERLYING []	20b. DES	RIBE HOW INJURY OF	CURRE	D. (Enter nature of injury in I	Part I or Por	t II of item 18)		152	□ NO M	
OR CONTRIBUTING	MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour o. m.	Y Month, Day, Yes	20d. If While of wor	Not while	20e Pl. fo	ACE OF INJURY IHome, form clory, street, office bldg, etc.	. 20f. (City	or lown)	(Cou	unity)	(Stole)	
21. I certify th	at I attended the	deceas	ed fram.		1946, to N	1ax	6 1961	that I la	st saw ti	he deceased	
alive an	JAV 5	196	and that	death	accurred at 230	L.M. fran	n the causes o	nd on the	date st	ated abave	
ACTUAL SIGNATURE	Stewar		ilafff				reet, city or town.)r	DATE SIGNE	
PHYSICIAN'S NAME (Type)	STEWAI	-7	Clapp		Chevy	Ch	dse ,	N/d.			
BURIAL, CREMATION REMOVAL (Specify)	5-9-61	P	22c. NAME OF CEME Prospect		4		TION (City, lawn, o			Stote)	
FUNERAL DIRECTOR			ADDRESS	111		D BY REGIS	shingto	EL g		G.	
ROBER		HRE		sda	, Md. DATE MA		0.4	" wa & 1			

may be by the hospital or attending physician.

D FUNERAL SAECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. moy be

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

offer death. Page 4

VS A15 (4) 15M 9/SS

TO HOSPIT



mquim that the Zeath certificate Le executed within 24 h

ATTINITING EHYTICIAN: The low

5863

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

05856

1	PLACE OF DEA o. COUNTY		ntgome	ery		MAR	LAND	a. STATE	ASS.	here decease	d tived. If institut b. COUNTY		e before o	dmission)
	B. CITY OR TO	WN (If	outside corpore	ote limits, wri		gth of stay 5 Mon			hampto		orate límits, write l	RURAL and g	ive nearest	town)
	d NAME OF H	IOSPITA TION Cal	Carde	pital, give str ${ t ens} \ N$	ursin	ng Hom	е	d. STREET			5 9	X-	~ 0	RESIDENCE ON A FARM? IS NO 19
3.	NAME OF DECEASED (Type or print)		Mary		AT.	Middle		Schoe	neck	4. DATE OF DEATH	Ma	nth Y	12	Yeg51 19
1 -	sex Female	9	6 COLOR OR Caucai	RACE 7 N	ARRIED	NEVER MARRI DIVORCE		Oct 3.	ī, 18	76	9. AGE (In years lost birthdoy) 84 yrs.	Manths Manths		JNDER 24 HRS
104	during most	JPATIO	N (Give kind of ng life, even if	work done retired)						_				IAT COUNTRY
<u> </u>	House		ther		Smit	th Coll	age.				N. Y.		.S.A.	
13	FATHER'S NA	WE						14. MOTHER			•			
			Speight				. 1 -	Mary	Marvi	in Tod		013		
	WAS DECEASI		TN U. S. AKME Fyes, give wor or d			26-0836			F. Th	nomas	2238 Was			ring,M
	PART	1 DEAT	H [Enter only H WAS CAUSE IMMEDIATE CA	D BY: USE (o)	Hyper	pyrex	ia		luenz	•			INTERVA ONSET	L BETWEEN DEATH
	Conditions gove rise cause (a), s lying cause	to im	y, which)	(b) DUE TO				sis, G		lized	l with			
CATION	PART	II OTHI	er significan	T CONDITIO	NS CONTRIB	BUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO 🖼
CERTIF	OR CONTRIB	UTING	UNDERLYING CAUSE OF E MEDICAL EXAM	EATH	DESCRIBE H	OW INJURY O	CCURRE	D. (Enter nature	of injury in	Port 1 or Por	t II of item 18)		·	
MEDICAL	Наыг		Month, Da	W		ot while work	for	ACE OF INJURY tory, street, off	ice bldg., etc	c.)		(C	aunty)	(State
	21. I certify that I attended the deceased from that the deceased alive an May 12 , 1961 and that death accurred at 10:30, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNED													
	PHYSICIAN'S NAME (Type)	Rol	ert T	. Thi	badea	au, M.					r sil			
Tr	D. BURIAL, CRE REMOVAL (5 ANSI T - F FUNERAL DIRE WATHER	pecify) Surí CTOR'S	al 5/16	/61	. Si lv	untein	H111	Cemete Md.	24a, REC	D BY REGISTAY 1 7	TRAR 245 REG	or county) ddlese ISTRAR'S SIG	X Co.	(Stote)

TO HOSPI VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution, Residence before admission) 1. PLACE OF DEATH . COUNTY b, COUNTY a. STATE Montgomery Montgomery MARYLAND Maryland c. CITY OR TOWN (If outs de corporata limits, write RURAL and give naarast town) b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 wr to RLRAL and g va neerest town) Bethesda (Rural) 41 days Silver Spring S RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2113 Plyers Mill Road YES NO T U. S. Naval Hospital 4. DATE Month Middle DECEASED DEATH Me.y (Type or print) SHABEK Frank Louis 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months

Ξ Pages apers. 3. NAME OF ă 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED Caucasian WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (GIV kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE , County & State or fore gir country) done during most of working life, even if retired) U. S. Navy Mariner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Mary SMITH James SHABEK pue Then F IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT oval, (Yes, no, or unkown) (If yes give war or detas of service) 577-48-4778A (W) Mrs. Mary L. Shabek, same as #2 Phe 1B. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Caremona onsis IMMEDIATE CAUSE (a) signed DUE TO geve rise to Immediate cause DUF TO (e), stating the underlying PHYSs.
the hospital
ts certificate has
ea as the b PART I . OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY 208, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year While Not While Hour a.m. el work el work 220 5 GNATURE ATTENDING PHYS. FUNERAL rector, page 22c. PHYS C AN'S NAME (Type) W. BRAMLETT, LT, MC, USN 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0.53 Magnolia Cemetery Burial-Shipment _ADDRESS VR ATS (4) .E. Pumphrey Funeral Home, Silver Spring, Md. 15M 9/60

Michigan

INTERVAL BETWEEN

ONSET AND DEATH

ON A FARM?

19 61

12. CITIZEN OF WHAT COUNTRY?

USA

PERFORMED?

YES NO 1 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of invury in Part I or Pert II of item 18.)

Address

fectory, street, office bldg., atc.)

Maryland

(Stete)

to... May 17 1961, that (A) (we) last 21. I certify that A (this hospital) attended the deceased from ... April 6 ... 22b. DATE

> DIRECTOR 22d ADDRESS

5-18-61 SIGNED PHYS,

U. S. Naval Hospital, Bethesda, Md.

1 23d. LOCATION (City, lown or county) Defuniak Springs

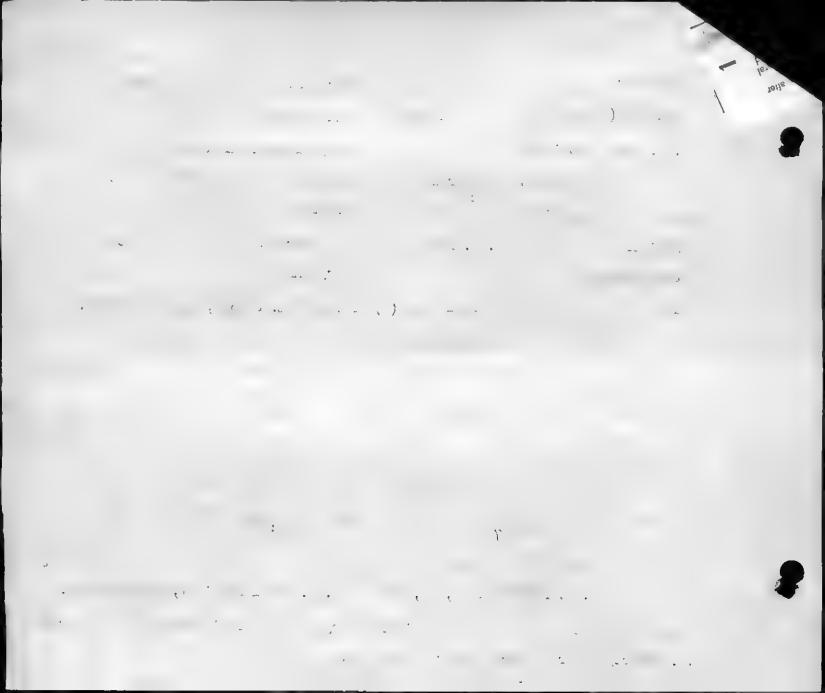
25e, REC'D BY REGISTRAR | 25b, REG STRAR'S SIGNATURE

Florida

(Stete)

DATE MAY 2 3 '61

Cultur S. Thrank



. =

filled

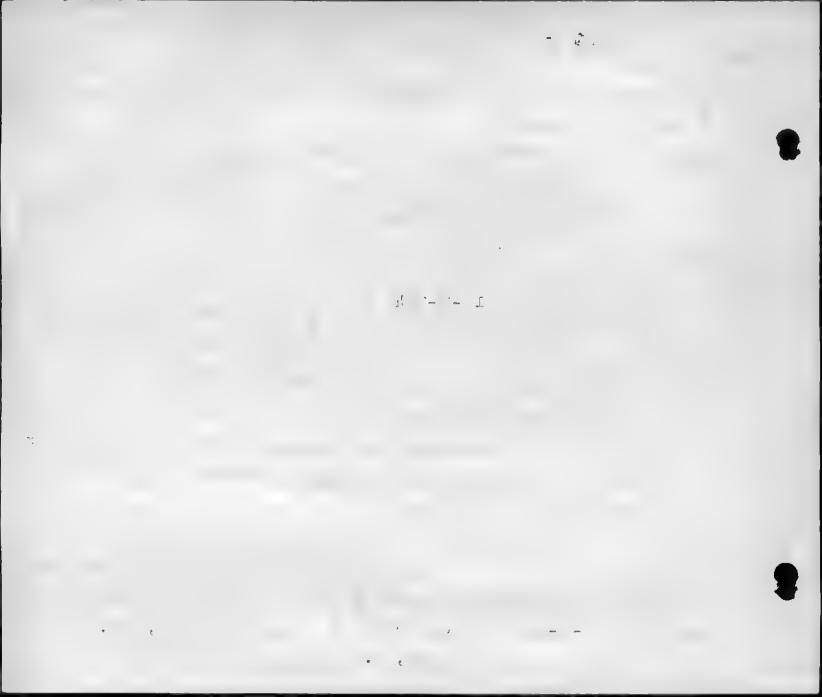
hysician

the



Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edm saion) 1. PLACE OF DEATH I director. Page or your files. oard of Health, a. COUNTY ector. Page a. STATE MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) wate RURAL and give at for your Board 45 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) IS RESIDENCE ON A FARM? and 3 to the funeral be retained State YES NO NO 3. NAME OF Middle DECEASED the t (Type or print) DEATH with 5. SFX F UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 2 with NEVER MARRIED I lest birthday) Months Days WIDOWED 🕰 and S 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY in pencil in Item 18. Give Pages 1, 2, 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3, Page done during most of working life, even if retired) pages 13. FÄTHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown] [[fyasgivewerordetesofservice] any 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN <u>,</u>_ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) and This certificate should be **DUE TO** burial "pending" 80 Examiner's DUE TO (a), stating the underlying 99 cause lest. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I . 19. WAS AUTOPSY PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be cremat NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of Injury in Part I or Port II of Iam 18.) PRIMARY | or CONTRIBUTING M 1 29d. INJURY OCCURRED 200. PLACE OF INJURY Home, form, 201. (City or town) Chief Month, Day Yeer (County) (State: fectory, street, offige bldg , etc.) Wh la Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion Suicide X death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10SChZKK Address (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION, 1 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 East Waterford East Waterford, Penn. Removal 248. REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR V5. A15ME Laytonsville, Md. DATE MAY 25 '61 5M 7/59 sortius & thous.

LAND STATE DEPARTMENT OF HEALTH



1 PLACE OF DEATH

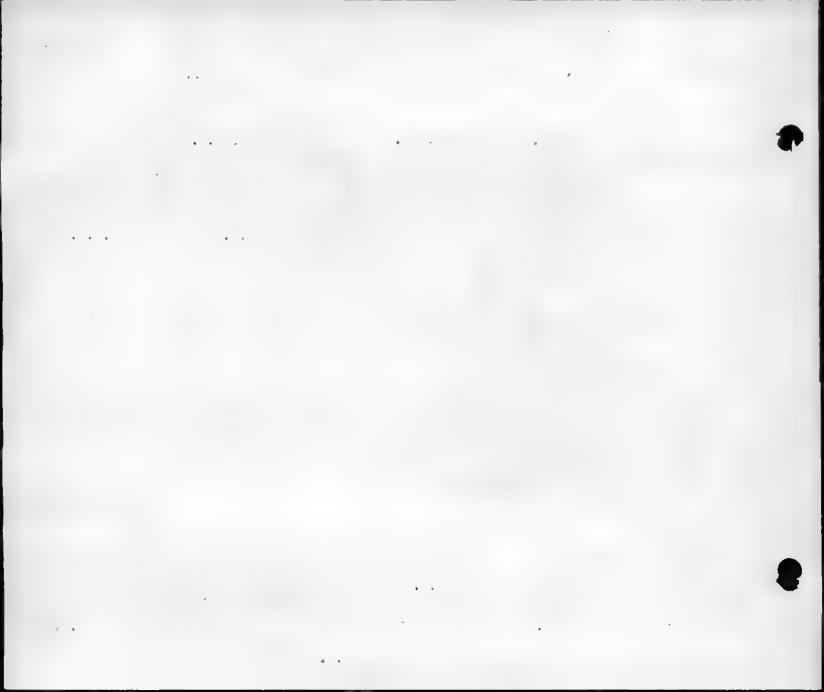
2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. COUNTY	Montgomery	MARYI	LAND	District Of Columbia						
	DWN (If outside corporate limit give nearest fown)		IN 1b	c CITY OR TOWN	(If outside cor			give nea	rest town)
Rethe		5 Days		Washing	ton		1	<i>f</i>		F are
d NAME OF	HOSPITAL (If not in hospital, pi	ive street oddress)		d STREET ADDRES	SS				e IS RES	DENCE FARM?
The Cli	nical Center,	Bethesda 14, Md	•	6439 2nd	Place,	N.W.				NO D
3 NAME OF DECEASED (Type or print	Mollie	None	S	indler	4 DATE OF DEAT		Month 25,	Do		Yeor 19 61
5 SEX	6 COLOR OR RACE	7. MARRIED NEVER MARRIE	D [4] 8	DATE OF BIRTH	,	9. AGE (In ye	ors IF JNDER			
Female	White	WIDOWED DIVORCED		August 18,	1959	last birthdo	yrs.	Days	Hours	Min
10a USJAL OCC duting most None	UPATION (Give kind of work of of working life, even if retired)	None None	R INDUS	TRY IT STRTHPLACE (12 CIT	U.S		OUNTRY
13. FATHER'S NA	ME			14. MOTHER'S MAID	DEN NAME					
	Abraham Sin	dler		Marilyn	Frieda	nan				
15. WAS DECEA	SEDEVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	17, IN	FORMANT The	Medical	Record	Address			
NO NO. or unknown) (If yes, give war or dates of se	None	The	Clinical				Mary	vlanc	1
	OF DEATH (Enter only one con 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	use per line for (a), (b), and (c).]	<u> </u>	21 . 7	easl			INTE	RVAL BE ET AND	TWEEN
couse (o), lying cous			ATH BUT I	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION	GIVEN IN PAI	RT 1(o) 1	PERFO	AJTOPSY RMED?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OF	CCURRED	(Enter nature of injul	ry in Port (or f	Part II of item 18)			
Hone Hone	INJJRY Month, Doy, Yeo o. m. p. m.	27 20d. INJURY OCCURRED While Not while of work at work		CE OF INJURY (Home, tory, street, office bldg	j., etc.)	lity or town)	1	(County)		(\$tote
	fy that (I) (this hospital deceased alive on May) attended the deceased 7 25 191 , and	fram	lay 20 eath accurred of		, iday 25 m the causes	, 19 c	ol , th	iat (I) (stated	we) las abave
22a. SIGNA	Critaria	le juice	U,	ATTENDING PHYS	MED. DIRECTOR			5-61	22	b. DATE SIGNEI
22c. PHYSIC NAME		Deutsch M.D.		i.	la tii onal	nical Ce L Instit	utes Ui	f He	alth	
230 BURIAL CR REMOVAL (Burial	Specifyi	23c. NAME OF CEME 1961 Beth Day		RCREMATORY	23d LO	CATION (City, to:	wn, or county)		(Stat	
	RECTOR'S SIGNATURE	ADDRESS	_ ~		REC'D BY REG		REGISTRAR'S S			-
	dberg Funeral I		St ma		HAY 2		arthur	4 /		

may be re by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. er death Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

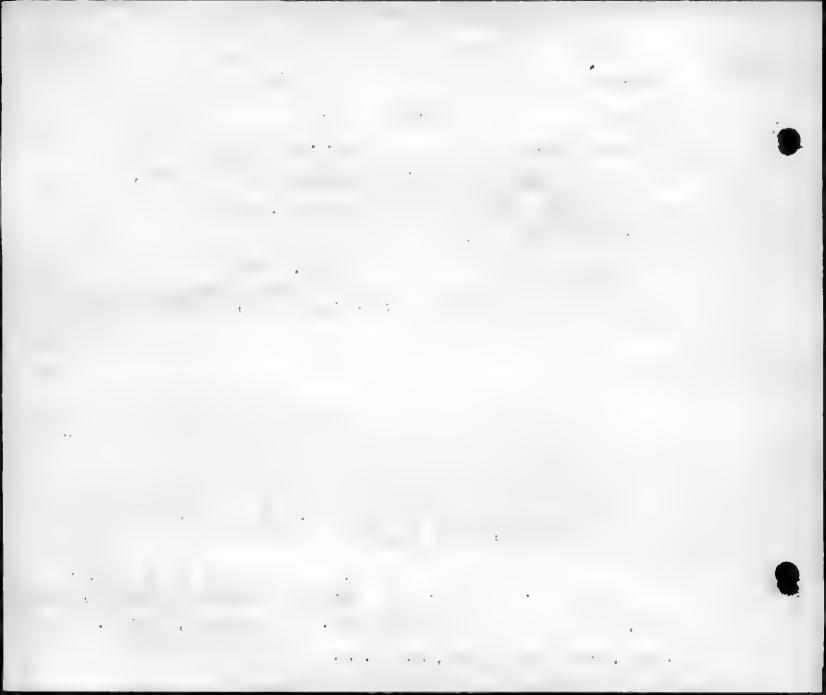
TO HOSPIT VR A15 (4) 15M 9/59



VR A1S [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

58'	74	tems 250	CERTIFIC	CATE	OF DEATH				0.50	30.3
PLACE OF DEATH o. COUNTY Montgome	ary		MARYLAI		USUAL RESIDENCE (W		ived If institution b COUNTY	n Residence	before odni	issian)
b. CITY OR TOWN (I RURAL and give no	f autside carporate l'imi earest tawn)		GTH OF STAY IN	16	c. CITY OR TOWN (IF	autside corpora	te limits, write R	URAL and ga	re negrest to	wn)
OR INSTITUTION	'AL (If not in hospital, g	ive street address)			d. STREET ADDRESS	7.05	\$	- X	ON	ESIDENCE A FARM?
The Clinical Center 3 NAME OF First Middle				P.O. Box	4. DATE	Man	th The	Day YES	Year Year	
(Type or print)	Nin		Marie		Smallwood	OF DEATH	Mag	8,	VEAD IE LIE	19 61
SEX Female	6 COLOR OR RACE White	WIDOWED	DIVORCED		ovember 25	0	AGE (In years lost birthday) yrs		Pays Hour	
during most of worl	ON (Give kind of work ung life, even if retired	dane 10b. KIND C	F BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State		ntry)	12 CITIZE	USA	TCOUNTRY?
3. FATHER'S NAME				114	I. MOTHER'S MAIDEN		-			
Robert Sma	R IN U. S ARMED FOR		SECURITY NO	17 INFOR	Ruby M. P		canrd Add	955		
	(If yes, give wer or dates of s				linical Ce				arylar	nd.
	mmediate (Gram	negativ e lym pha				. •			ays onths
PART II. OT	HER SIGNIFICANT CON	DIT ONS <u>CONTRI</u> E	UTING TO DEATH	BUT NO	RELATED TO THE TERM	INALD SEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCL	URRED (E	nter nature of injury in	Part I or Part I	of item 1B)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye		at while	e. PLACE factory.	OF INJURY (Hame, form street, affice bldg., et	m. 20f (City o	r tawn)	(Ca	iunty)	(State)
saw the decease 22a S GNATURE	the this hospital sed arive on Mosel arive on Mosel E	Re	961, and the	M D	ATTENDING D	AED DIRECTOR Clinic	STAFF PHYS At Cent	d on the	date state 8/61 tions	22b DATE SIGNED
la BURIAL CREMATIC REMOVAL (Spec fy)	Richard E. DN. 236 DATE THEREO 5/10/61	OF 23c M	NAME OF CEMETE				ON (C ty. town,	or county)	(S	ervia ervii
FUNERAL DIRECTOR			ot, N.W.W	ash.		D BY REGISTRA	AR 25b REGI	STRAR'S SIGN	NATURE	



funeral sould 24 hours after the 3 death, it may be retained by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	507k CERTIFICATE OF DEATH
	PLACE OF DEATH 2. USUAL RESIDENCE (Whaje dacaesed lived, If Institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate I mile c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mile with RURAL and give nearlyst lown) a. STATE MARYLAND b. CITY OR TOWN (If outside corporate I mile c LENGTH OF STAY IN 16 c. CITY OR TOWN (III outside corporate I mile, write RURAL and give nearlyst lown)
	Dethe SOA NAME OF HOSP TAL OR INSTITUTION (If not in hospita, g ve streat address) Output DAN Hospital 47/2 South Che/sc2 LANE On a FARM? YES [] NO []
-	NAME OF DECEASED (Type or print) SEX 16 COLOR OF BACE 1 AND THE DAY OF BIRTH SEX 16 COLOR OF BACE 1 AND THE DAY OF BIRTH SEX 16 COLOR OF BACE 1 AND THE DAY OF BIRTH SEX 16 COLOR OF BACE 1 AND THE DAY OF BIRTH SEX 16 COLOR OF BACE 1 AND THE DAY OF BIRTH
10a dor	AGE (In years IT UNDER TEAK IT UNDER THAN IT ONDER 2 HIS. WIDOWED DIVORCED
13	FATHER S NAME C. C. S. COLT. L. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. M. C. S. M.
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown] (Ifyas give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., and (c).)
7	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO
	Conditions, if any, which gave rise to immediate course (a), stating the underlying cause lest. (b) (1) (1) (1) (1) (2) (1) (1) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), SP WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT WAS UNDERLY NG () 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II or Par
CERTI	20s. ACCIDENT WAS UNDERLY NG [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18., OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. ACE OF NJURY (Homa, Tarm tectory, street, office bldg., etc.) While Not While st work at work at work
	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on
23a	22c PHT CIAN'S NAME (Too) 1. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) ADJ 100 City, lown or county)
	Burlat 5/24/01 Arithgton Nat. Cem. Arithgton, Virginia
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC D BY REGISTRAR'S SIGNATURE
K	obert A. Pumphrey Bethesda, Maryland DATE MAY 23'61 Cuthing & Khaus



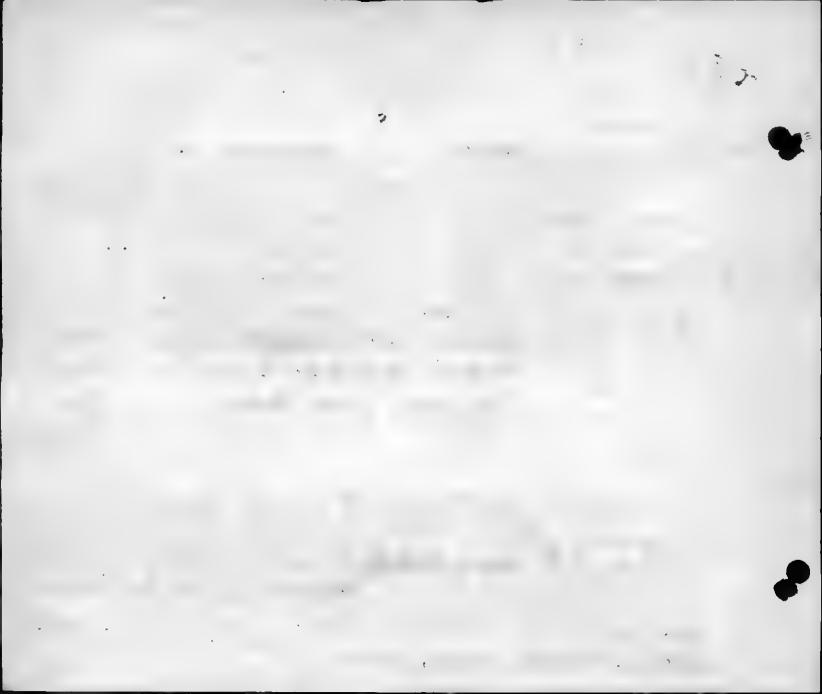
AND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) B. COUNTY **b.** COUNTY by the land 2 ; death. MARYLAND b. CITY OR TOWN (Feurside corporate limits, CTY OR TOWN IT ous de corpore e i mits, write RURAL end give Roarest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Washington d. NAME OPHOSPITAL OF THISTITUTION (, f not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO X Hospital Scarsdale Rd. Suburban completely DATE Midd e DECEASED OF (Type or print) DEATH May 5. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months W DOWED -DIVORCED TO TO THE TOP THE TOP TO THE TOP physician LION, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State or foreign country) 112, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) II.S.A 1921 13. FATHEN NUTSES Aide Austria NAME attending pl Julia Ann Krompost Ludwig 15. WAS DE BASED EVER IN U.S. ARMED FORCES? CIAL SECURITY NO. 17 INFORMANT Washington, C.C. [Yes, no, or unkown) | [Ifyasgivewarordatesofservice] Unknown Robert Smith 3900 Tenlow Rd. NO CAUSE OF DEATH [Enler only one course INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO (e), steting the underlying PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION AS AUTOPSY PERFORMED? NO L 208. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 2 - 1, 1961, to 5 - 10, 1961, that (I) (we) last saw the deceased alive on. SIGNED ATTENDING DIRECTOR PHYS. FUNEARL 22d. ADDRESS 22c. PHYSICIAN S WISCONSIN AME NAME (Type) Francis director, be filed 230. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) REMOVAL (Specify) Grandview Cemetery Cambria County, Penna. Bur Transit 250. RECIO BY REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE

Bethesda, Maryland

DATE

VR A15 (4) 15M 9/60

Robert A. Pumphrey



1 %	MARYLAND STATE DEPARTMENT OF HEALTH
11	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH USER I
HEALTH DEPT.	1. PLACE OF DEATH 0 1
88.5	a. COUNTY b. COUNTY
S P J J VI	write RURAL and give nearest town)
2 5 5 X	TAKOMA PARK 7 days SILVER SPRING
For a series	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. (5. RESIDENCE ON A FARM?
afe A.H.	WASHINGTON SANITARIUM AND HOSPITAL 10107 Greenock Road / YES NO PA
e fu e fu Stair deal	7. NAME OF First Midd a Last 4. DATE Month Day Year DECEASED OF
er er er	(Type or print) Fhyllis Wauna Snow DEATH May 5 19 61
Start A	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B RTH 9. AGE (In years IF JNDER 1 YEAR' IF UNDER 24 HRS.
and and 2 xx	Female White W DOWED DIVORCED 8/16/13 Last birthday) Months Days Hours Min.
2.2. P. G. C.	100 USJAL OCCUPATION (G've kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
25 S S S S S S S S S S S S S S S S S S S	dona during most of working life, even if ratirad) Housewife U.S.A.
3. Fages	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
4 6 8 B B	William Shanhand
語の意識まし	William Shepherd 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
18. 5. 4. € . € . € . € . € . € . € . € . € .	(Yas, no, or unkown) (Ifyasgivawarordatesofservica)
wiff wiff permanna	No 537-24-7372 Hospital record 18. CAUSE OF DEATH [Enter only one cause per sine for (a), (b), and (c).]
in ling and sit in line sit in	PART DEATH WAS CAUSED BY: ONSET AND DEATH
and	IMMEDIATE CAUSE (a) VILING COROBRAL NECESSIE
d b per ice ial-	Cerebral anoxia
i Offi	Conditions, if any, which (b) gave rise to immediate cause
2 2 4 2 5	(a), stating the underlying DUE TO Undetermined
end min od a	cousa lest. (c)
was no	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMED?
ord leaf	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMED? YES TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMED?
adio o o o o o o o o o o o o o o o o o o	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO
ER.	CAUSE OF DEATH.
Figure 1	S 20c. TIME OF INJURY Month, Day, Yuar 20d. INJURY OCCURRED, 20a. PLACE OF INJURY (Homa, farm, 20f. (C.ly or town) (County) (State)
Pag of T	20e. TIME OF INJURY Month, Day, Yuar 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (C.iy or town) (County) (State) Hour a.m. Whila Not Whila factory, street, office bldg., atc.) p.m. 19 at work at work
et e de circ	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection I, Inquiry I, and in my opinion
A Parity of the	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
SEC SEC	CHIEF MEDICAL EXAMINER
Part Part Part Part Part Part Part Part	ACTUAL ACTUAL DATE SIGNED
A PAT PAT PAT PAT PAT PAT PAT PAT PAT PA	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER TX
A Besig	NAME (Type) Frank J. Broschart, M.D. Address (Street, city, town or county) May 5, 1961
A P	22a AURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
A TANK	D: O A
5 5 4 5 g	May 9, 1961 Fort Lincoln Trunco Debiges Co., 171d.
VS. A15ME	Warner E. Pumphrey, Inc. 8434 Georgia Ave, S.S.
5M 7/59	Md. DATE MAY 12'61 Cilling S. Thomas



TO HOSPY OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed in 24 hours after a death. For may be maintened by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the please remove carbon papers. Pages 1 and 2 should be before the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF ST. TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5879

		5.275	CERTIFICA	TE OF DEATH		65865
	1. PLACE OF DEATH	mt = = =		e. STATE	(Where dacaasad avad, If in b, COUNT	st tut on: Rasidence before admission]
1	b. CITY OR TOWN (if o		c. LENGTH, OF STAY IN		itsida corporata I m'is, writa I	RURAL and give, nearest town)
	d. NAME OF HOSPITAL	OR INSTITUTION (it not	h hospital, give street address)	d STREET ADDRESS	Hing	o. IS RESIDENCE ON A FARM?
	3. NAME OF	cburb	A. Middle	1+01/2/ (TYUNG Month	Day Yes NO
	(Type or print) 5. SEX	172N,00	n 3.0	tewar to	DEATH 7/7	2/ 196/ PONDER 1 YEAR, IF UNDER 24 HRS.
	fimale	Colored WID	OWED DIVORCED	3/27/97	last birthday)	Months Days Hours Min.
	dona during most of working		DE. KIND OF BUS NESS OR INDL	JSTRY 11 BIRTHPLACE (County 8	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	J/Laure	21	1 14. MOTHER'S MANTEN NA	ME //- 15-	1/-
	15. WAS DECEASED EVER (Yes, no, or unknown) (Ifya	IN J.S. ARMED FORCES?	16. SOCIAL SECURITY NO 1	7 INFORMANT	Address	THE THE ME
			per In for (a), (b), and (c),	Kee 16 14. 51	engleter/.	INTERVAL BETWEEN ONSET, AND DEATH
		MAS CAUSED BY: MEDIATE CAUSE (a) DUE TO	ereval ,	alourrhag	~	1day
	Conditions, if eny,	which (b)	ty puteus	er.		- Just here
	(a), stating the under				DISTACT CONDITION CIVIS	NAME AND THE PARTY OF THE PARTY
	PART II, OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM NAI	DISEASE CONDITION GIVE	PERFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING [] U (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCR BE HOW INJURY OCCU	URED. (Enter natura of 'njury in Part	For Part I. of Jam 18.)	
	20c. TIME OF INJURY Hour a.m.		While Not While	PLACE OF INJURY (Home, larm, fectory, straat, office bldg., atc.)	20f. (C'ty ar town)	(County) (State)
			twork at work the deceased from	om. 5/2-0 , 19	61, 10 5/2/	, 196/, that (I) (we) last
	saw the deceased	alive on	770 . 19 19 and	that death occured al	M, from the causes a	nd on the date stated above.
	22a, SIGNATURE	allana	Merk	M.D.	CTOR PHYS.	1 5 H G SIGNED
	22c. PHYSICIAN'S NAME (Type)	BRAHAM	WDANIS;	+ 9v7 Per	rling A. s	liber Springly
	23a, BURIAL, CREMATION	5/25/61	Hopkins C	hurch.	Highland	por county) (Stata)
	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	Ch h. h. MA	10.4	STRAR'S SIGNATURE
	MANERIC	1. Muero	un NOCHU	CELLY THE POATE A	2901 0	reling & Hours



CERTIFICATE OF DEATH

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should by fitted	M	
E U		
shor	~	

death. Page 4

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DEVICE ALL INCTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 772 hours, after death. by the haspital ar attending physician.

ATTENDING PHYSICIAN: Tile law imquires that the death certificate bill executed within 24 may be ri TO HOSPITA VR A1S [4] 15M 9/59

1	B. COUNTY			2 USUAL RESIDENCE	(Where deceased lived		udence before admissio	on)
	Montam	2014	MARYLAND	My My		b. COUNTY	lontaons	ry
	b. City OR TOWN (If outside corporate RURAL and give neares) town)		NGTH OF STAY IN 15	c CITY OR TOWN	(If autside corporate lu	mits, write RURAL	and give nearest town)	/
	lakoma Park.		6hrs-	AlaKo		Κ		
L	d NAME OF HOSPITAL (If not in haspital OR INSTITUTION	i, give street addres	s) %	d STREET ADDRES	5		e IS RESIE ON A F	DENCE FARM?
1	Jak haven Con val	escent	Home	1901	Davis		YES 🗌	NO 🕢
3	NAME OF DECEASED	First	Middle	O Losi	4. DATE OF	Manth	Day Ye	ear
	(Type or print) (5+1/m)	3 4	Clara	B Stilm	DEATH	May	- 28 19	961
5	SEX 16. COLOR OR RAC	E MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	4 3 44 4 4	DER TYEAR IF UNDER	
	FW	WIDOWED [DIVORCED [Dec 15,	1878 8	birthday) Mon		Min
10	20 USJAL OCCUPATION (Give kind of wa during most of working life, even if reti	rk done 10b KIND red)	OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (S	tate or foreign country)	12	CITIZEN OF WHAT CO	DUNTRY
	House w. & - tea	a' l		Penns	ylvania		U.S.	
13	FATHER'S NAME			14. MOTHER'S MAIDE	NAME			
	John Benne	tt		Emm	valine h	Oux		
15	WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16. SOCIA	L SECURITY NO 17	NFORMANT	100	Address		
	(es no or unknown) (If yes, give war or dates	dr service,	- M	vs Edward C	hvistian	whee j		
	18 CAUSE OF DEATH [Enter only one	couse per line far	(o), (b), and (c).]				INTERVAL BET	
	PART I DEATH WAS CAUSED B		wine house	· Cardievas	hu Di	CPA 19	ONSET AND I	DEATH
	IMMEDIATE CAUSI		VIOSE MALLY	C COMA COMIT	4000	124.1	137	-/-3
	Conditions, if any, which)							
	gove rise to immediate	(b)						
	couse (a), stoting the under-							
z		(c)	IRUTING TO DEATH RU	T NOT RELATED TO THE TE	FRMINAL DISEASE CON	IDIT ON G VEN IN	PART I(a) 19. WAS AI	LTOPSY
CATION							PERFOR	MED?
12.	200 ACCIDENT WAS UNDERLYING IT	20h DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury	r in Port I or Port I of	item 18)	11311	140 [85]
L CERT	OR CONTRIBUTING CAUSE OF DEA	TH						
NCA.	20c TIME OF INJURY Month, Doy,			LACE OF INJURY (Home, actory, street, office bldg.,		wn)	(County)	(State
MED	p m	9 While I of work C	Not while the wark					
	21. I certify that (I) (this haspi	tal) attended t	ne deceased from	onh	1956 to 121 ou	28	96/, that (I) (w	re) las
	saw the deceased alive an n		//	death accurred at2	Shell of	/7	the date stated	
	22g - SIGNIATURE	1.05	-	acom assertion arg.	sagery mon most	307307 4714 07		DATE
	, anna, En	anew	tood his	M.D. PHYS.	MED. STA	AFF YS	5-29-61	S GNEE
	22c PHYSICIAN'S		7 7	22d ADDRESS	110	150	0 1	Ant
L	NAME (Type)			77/7	an all core	reflan.	we frent the	40
20	30 BURIAL, REMATION, 236, DATE THE	REOF 1/ 23c	NAME OF CEMETER	OR CREMATORY.	23d LOCATION	City, tayen, ar cau	niy) (State)	
6	EMOVAL EXECTLY /14/2	1-14619	Lucahe	(Domeloze	-	Triver	Des. The	1.
24	FONERAL DIRECTOR'S SIGNATURE	DEN	ADORESS /	250	REC'D BY REGISTRAR	25b REGISTRAK	S SIGNATURE	
1	X Griber Nalle	ed dat	Carrell 9	Z . NO.	AY 3 1 '61	arthur &	* Kinua	

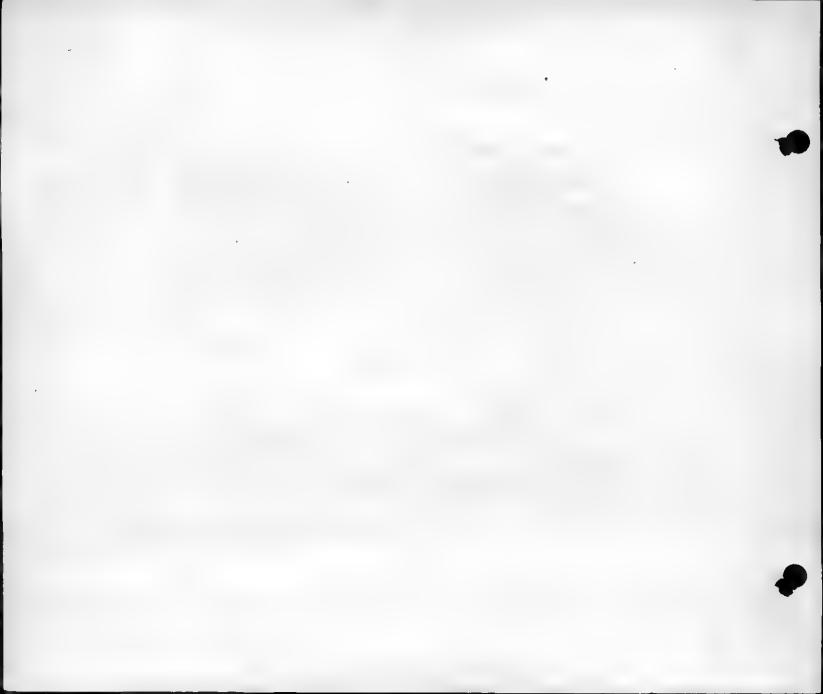


TO HOSPITA

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	5830 CERTIFICA	TE OF DEATH	05867						
	1. PLACE OF DEATH a COUNTY MONTGOMENY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If instign. STATE of STATE of COUNTY)							
	b CITY OR TOWN (If outside carporate limity, write RYTAL and give nearest fawn) 4477 5 m d	c. CITY OR TOWN (If outside carporate rimits, well	X						
,	or Lajstitution Brooke Grove Foundation	The Manylander	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print) Frst Many 1. Sto	DICK DEATH May	Month Day Year 196/						
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORD								
	Wesdiverd & Kockey Hyritmen Stote	THEY YOUK	245						
	martin Mapes	Hattie	Address						
	Ves. no or unknown) [If yes, give war or dates of service) 579-37-3792. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	EThel H. STON	C K						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under: DUE TO DUE TO DUE TO DUE TO	infri faibrasom	ONSET AND DEATH						
	Part I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		G VEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO						
	206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION CAUSE OF DEATH IN CITY MEDICAL EXAMINER	D. (Enternature of injury in Part I ar Part II of Hem 18.)	, = =						
1	20c T ME OF INJURY Month, Day Year 20d INJURY OCCURRED 100 No. 10 No. 119 While at work at work 12 at work 13 to 15 No. 119 At work 14 No. 119	ACE OF IN. URY Hame, farm 201 (City or form)	(Caunty) (State)						
	21 certify that (1) (this haspital) attended the deceased from	015	and on the date stated above						
	220 SIGNATURE A DILLAR AND	The second secon							
	22c. PHYSICIAN'S TOHN P. MARTINIAM	22d. ADDRESS	R. SHIND SPAIN						
	1 Stephal	and Jack Fairs the	or h. briginin						
	24. FUNERAL DIRECTOR'S & GNATURE ADDRESS ADDRE	DATE MAY 3 '61	EGISTRAR'S S GNATURE						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH director. Passour files. 2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND minis b. CITY OR TOWN (if outsets corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and ave nearest town) write RURAL and g ve rearest town) 1000 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give west address) ò d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained YES NO 3. NAME OF M ddla Yaar 3 to the DECEASED the (Type or print) DEATH may 19 61 with 24 The Pages 1, 4, may be pages 1 and 2 with the bages 1 and 2 with the bages 72 hours a 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours 24 hours after cive Pages 1, 2, and WIDOWED [DIVORCED T IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pom 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give ! Carmen Sun S. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT FILE (Yes, no pr unkown) (If yas give war or datas of sarvice) in Item 18 Office along with f. burial-transit permit moval, and in any e 18. CAUSE OF DEATH (Enlar only one causa per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corrare madele in pencil Office **DUE TO** Conditions, if any, which "pending" gave rise to immediate cause vs 40 DUE TO (a), stating the underlying Examiner SE cause last. Desn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1/8 19, WAS AUTOPSY should be u PERFORMED? the word YES TO NO RE Medical 2Do EXTERNAL CAUS WAS PRIMARY OF COMMISUTING 20b. DESCRIBE HOW INJURY OCCURED. (Prior nature of injury in Part I of I tem 18) CAUSE OF DEATH. execute the certificate, writing Chief age 3 age to bu 20c. TIME OF NJURY Month, Day, Yar | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slata) factory, street, office bldg., etc.) Not While While Hour e.m. at work at work should be forwarded to the FUNERAL DIRECTOR: P. prior Inquiry & and in my opinion Natural couses X. Accident . Suicide death resulted from: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, c'ly, town, or county) 228. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country, DE REMOVAL (Specify) GATE HEAVEN SILVER Q 4 0 ò 1 FUNERAL DIRECTO ADDRESS 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE MAY 15 '61 VS. ATSME Circher S. Kraus 5M 7/59

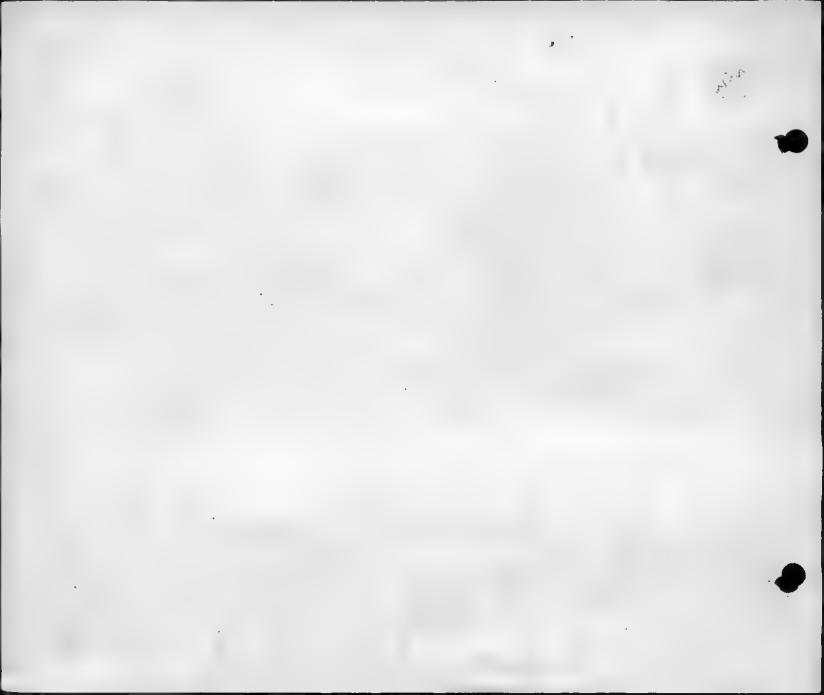


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5889 . CERTIFICATE OF DEATH

_			00001
	1.		ESIDENCE (Where decessed I ved, If institution: Residence before admission)
IJ	_	MARYLAND	0 1071
		b. CITY OR TOWN (foutside domoreta limits, c. LENGTH OF STAY IN 16 c. CITY OR write RURAL and give nadrost lawn)	TOWN (If outside corporate limits, write RJRAL and give nearest town) ASCOV
_,	- :	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street eddress) d. STREET A	
1		Suburban	5 2 X -3 ON A FARM?
		3. NAME OF DECEASED Last	4. DATE Month Dey Year OF
		(Type or print) VICITR WARREN SWARJ	DEATH 5 / 196/
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. est b ribdey) Months Deys Hours Min.
	10a	109. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUS.NESS OR INDUSTRY 11 ABIRTHE A	CE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		done during morred working life, even if retired) MASON	City, IOWA U.S.A.
	13.	13. FATHER'S NAME / 14. MOTHER'S	MAIDEN NAME
		ANTONE CASPER SWARTZ MAI	R GARUITE COOK
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no polygraphown) (Hyeso, ve waterdates of service)	TE SWARTZ - 1912 S. WILSON
	1	70 2 3 - 11	MUSON City I Glas
		18. CAUSE OF DEATH [Enter only one ceusa per I ne for (e), (b), end (c)., PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) PUI WON any 21 60	in muchiter 1 1-3 des
		Conditions, if any, which (b)	1
		geva rise to immediate cause DUE TO	
		(a), selling the underlying	
	Z	10	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
	ATIC	Multiple superficial GAST	PERFORMED? YES TO NO TO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 206. DESCREE HOW INJURY OCCURED. (Enter neture of	njury In Pert I or Pert II of Item 18.)
1	CER	OR CONTRIBUTING CAUSE OF DEATH Up either, notify medical examiner;	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (H	
	MED	Hour *.m. While Not While st work street, office st work	An An
		21. I certify that (I) (this hospital) attended the deceased from 2. 17.11.	196/, to 11/1/ 196/, that (1) (**) last
		saw the deceased alive on	ed at 23M, from the causes and on the date stated above
		220. S GNATURE ATTENDING	
8		M.D. PHYS.	DIRECTOR PHYS. //CLY 16/
ď		122c PHYSICIAN'S NAME (Type) JACK CROWELL 2023	JEYE St. NW Washington D.C.
	234	230. BURIAL, CREMATION 1236 DATE THEREOF 236 MANE OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
	,	REMOVAL (Specify) S/4/6/ Fait Lance	Com la opende INC Min
	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5103 Mil CON	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
6		Cherry Charle funeral Nome wash De	DATE WAY 4 '61 arthur S. Thank



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5000 CERTIFICATE OF DEATH

- 300	CERTIFICATE	OF PLAIII		02870
1. PLACE OF DEATH		2. USUAL RESIDENCE		institution; Residence before edm ssion)
Montgomery	MARYLAND	Virginia	b. COJ	Campbell
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	9.	f outside comorate limits, wri	e RURAL and give neerest town;
write RURAL and give neerest town)	6 days	Lynchburg		
bethesda		d, STREET ADDRESS		I BEELDEN TE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		-1	Destara	IS RESIDENCE ON A FARM?
The Clinical Center, Beth	1	тиоэ отпо	Drive	YES NO
3. NAME OF First DECEASED	Middle	Las!	4. DATE Mont	
(Type or print) Cheryl	Lynn '	larkington	DEATH MA	y 22 ₁₉ 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 B.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED		May 25, 1952	8 ejest b rthdey)	Months Deys Hours Min.
	D OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Coun	ly & Stelle, or foreign country	12. CTIZEN OF WHAT COUNTRY?
done during most of working I fe, even if retired)	None	Virgi		U.S.A.
				U all alt a
13. FATHER'S NAME	5	14. MOTHER'S MAIDEN		
Edward H. Tarkington Jean Richcreek				
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT The M	ledical Record	3
(Yes, no, or unkown) (Ifyesgivewerprodetesofservice)	None The	Clinical Ce	mter, Bethesd	a ll, Maryland
18. CAUSE OF DEATH [Enter on y one cause per lin				INTERVAL BETWEEN
PART DEATH WAS CAUSED BY	tracranial Hemo	amhaga		5 minutes
	DIGOT WITHOUT ITOM	orruge.		J IIIIIIIII
DUE TO	ute lymphatic	Loukomio		15 months
Conditions, if any, which gave rise to immediate cause	doc Thubuatte .	Teaventa		15 months_
(e), steting the underlying DUE TO				
ceuse lest. (c)	147.		,	
PART II OTHER S GN FICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AJTOPSY PERFORMED?
ĮK				YES NO IN
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)				
200. ACCIDENT WAS UNDERLYING 1 206. DESC OR CONTRIBUTING 1 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	UURY OCCURRED ; 20s. PLAC	E OF INJURY (Home, ferm	, 20f. (City or fown)	(County) (Stete)
Hour e.m. While	Not While factor	ry, street, office bldg., etc.		(200.17)
₹ p.m. 19 et work	et work			
21. I certify that (II (this hospital) attend			19 61 to May 22	
saw the deceased alige on May 22	19.61 , and that	death occured at.	20P, Mrom the causes	and on the date stated above.
220. S GNATURE		4		22b. DATE
Jackord E YL	oraller Ams		AED. STAFF	5/22/61 SIGNED
22c. PHYSICIAN'S		22d ADDRESS T	he Clinical C	enter. National
NAME (Type) Richard E. R:	ieselbach, M.D.			Bethesda, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	, 23d. LOCATION (City, to	
REMOVAL (Specify)			7 11	771 1 1
Burial May 25, 1961 Spring Hill Cemetery Lynchburg, Virginia 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
24 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ . · ·		
166 B. M. W. W. June 7	Maralburg 12	Ciliaria DATE MA	1 25 01 6	rihur & Maria

X

ATT■■IN■ ■■YSICIA■: The low mayires that the dmath mertificate be exmusted within 24 ha

TO HOSPITA

VR A15 (4) 15M 9/59

ter death. Page 4

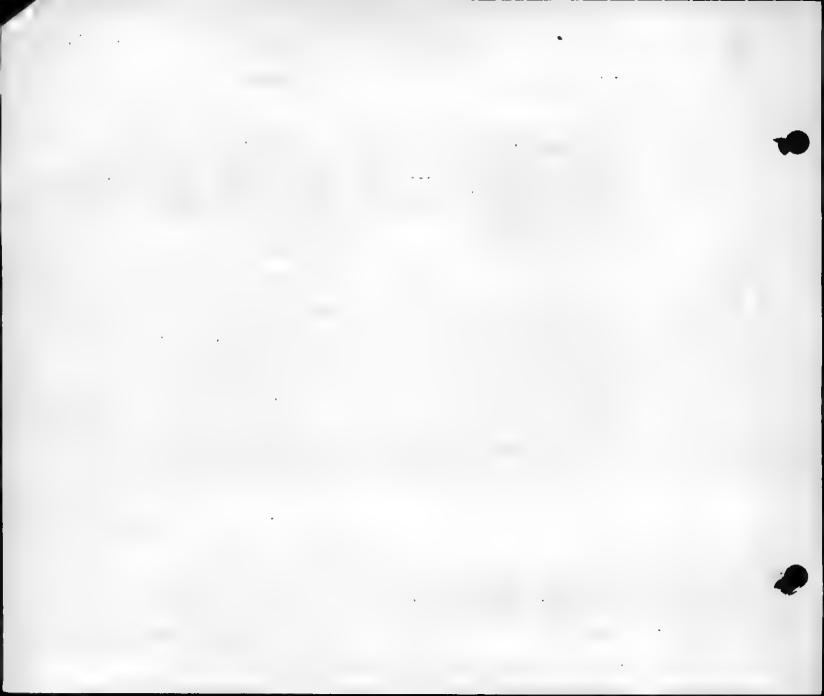
5884

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

65871

1 PLACE OF DEATH 0. COUNTY	rocm / riim (o. STATE	era deceased lived. If institution I	Res dence befare admission)
MONTGOMERY	MARYLAND	Manage	b. COUNTY D	ISTRICT
b CITY OR TOWN (if outs de carporate limits, write RURAL and give nearest lawn)			utside corporate limits, write RURA	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stre	75 MINUTES		INGTON 15	1 A DECEMBERIES
OR INSTITUTION	er dodress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
MONTGOMERY GENER	AL HOSPITAL	2920	MCKINLEY ST.	N. W. YES D NO D
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) EVELYN		TECKEMEYER	DEATH MAY	11, 1961
5 SEX 6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDO	WED DIVORCED	May 12, 1906	54 55 yrs	onths Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)	6 KIND OF BUSINESS OR IND.	JSTRY 17 BIRTHPLACE (State	or foreign country)	12 C TIZEN OF WHAT COUNTRY
Housewife		TENNESEE		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
2	MATTINGLY	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1		NFORMANT	Address	
(Yas, no, or unknown) [If yes, give wer or dates of service)	None	HOSPITA	RECORDS, OLNEY	MARYLAND
1B. CAUSE OF DEATH [Enter anly one couse per		110011111	NEODINO J DETILET	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	- 53°	CHADIAL	IN FAMTION	ONSET AND BEATH
Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	CUTE NU	5 CEROS IMONAR	is HEDEMA	
PART IF OTHER'S GN F CAN'T CONDITION	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL D SEASE CONDITION G VEN	N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED (Enter noture of injury in F	ort I ar Part II of tem 18)	
Haur a.m. Whi	1 6.	LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.	20f. (City ar town)	(Caunty) (State
21 I certify that (I) (this haspital) atte	nded the deceased fram:	2, 58175/11 . 194	1. 10 334845/1	1941, that (I) (we) las
saw the deceased alive an 5721	19 € / , and that	death accurred at 3/16 t	M. fram the causes and o	in the date stated above
220 SIGNATURE		,		22b DATE
-And V2-12	4	M.D PHYS. ME	D STAFF	SIGNEE
22c PHYS CIAN S	*	22d ADDRESS		
NAME (Type)	FANT. M. D.	SAND	SPRING, MARYLA	ND
230 BURIA, CREMAT ON 236 DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town, or co	
Cremation 5/13/6	1 Fort	Lincoln	Bladensbe	cros Md
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Silver	une not		R'S SIGNATURE
Merry Merry Summe	Nome. 71	DATE	AAY 15'61 Ch	, ==



VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH	
ON OF STATISTICAL	PECFARCH	AND DECORDS R	ALTIMODE 1 MAE	ż

DIVISIO CERTIFICATE OF DEATH

	5885	CERTIFICATI	OF DEATH	-	05872
	PLACE OF DEATH o. COUNTY Mont come vu		USUAL RESIDENCE (When	b. COUNTY	on. Residence before admission)
	b CITY OR TOWN (If outside comparate limits, write () BURAL and give nearest down)		E CITY OR TOWN (Moul	tside corporale limits, write Ri	URAL and give nearest town)
-	Takoma Park	8 months.	6629:5	81st St C	abin John Mis
3	d NAME OF HOSPITAL (if not in hospital, give street of or institution on vales	ddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Thornton	Middle	Titus	4 DATE Mont	1h Doy Yeor 22 1961
5	SEX 6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min
	WIDOWE	D DIVORCED	Sune 13,1	875 85 1	Months Days Hours Min
10	during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Stofe of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	ME	
	Edward Tate	is	Mary	ann Ma	e Kimmu
	es, no or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO 17 INFO	RMANT	Addr	ess - Cap & Joh
1	No 21	2-24-4693	zabeth Wi-	4-6629-8	1st St. Md
	1B. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	EREBRAL	THROMBO	25/5	6 MO.
	DUE TO			<u> </u>	_
	Conditions, if ony, which gove rise to immediate (b)	KTERIOSCLE	ROSIS C	JENERAL	3 yr.
	couse (o), stoting the under DUE TO				
z	Part II OTHER SIGNIFICANT CONDITIONS CO	CALIFORNITALIC TO DEATH BUT AN	OT BELLTED TO THE TERLINA	IAL DISEASE CONDITION CIV	EN IN PART I(o) 19 WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO
	20a ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	Enter noture of injury in Pa	ort I or Port II of item 18.)	
MEDICAL	Hour o.m. While	Not while of work	E OF INJURY (Home, form, y, street, office bldg., etc.)	20F (City or town)	(County) (Stote)
~	21 1 certify that (I) (this haspital) attende		JUIV	9. MAV 7-	2 20/01 4 2000
	saw the deceased alive on	1 / . 1	114	/	2-, 19.6.1, that (I) (we) last
	220 SIGNATURE	- 17 - 7 , and mar dec	th accurred at [[7./	w, from the causes an	d an the date stated above. 22b. DATE
	seo h. C	urlis M.I	ATTENDING MEE	STAFF PHYS	SIGNED
	22c PHYSICIAN'S NAME (Type)		22d ADDRESS	,	D M
	Leo M. Curtis		8218 Wisc	ONSIN AVE.,	DETHESDA, I'ID
23	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City, town, o	or county) (Stote)
	REMOVAL (Specify) Burial 5/25/61	Union	REMATORY	Leesburg, Vir	,,
	REMOVAL (Specify) Burial 5/25/61 FUNERAL DIRECTOR'S SIGNATURE		25a REC'D	Leesburg, Vir	,,



Reg. Dist. No.

5386

05873

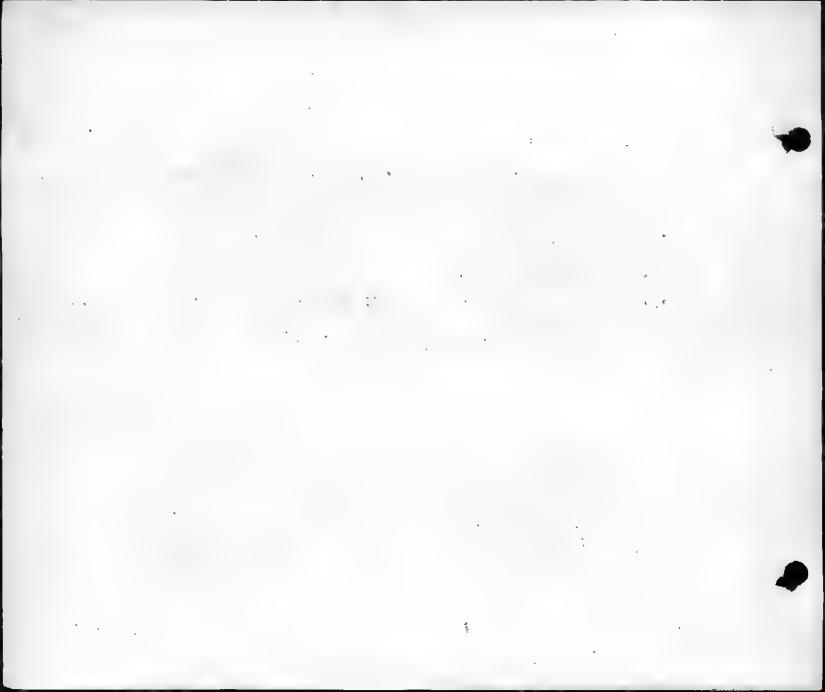
may be rest. 3.3 by the haspital or altending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha то ноѕита VS A15 (4) 15M 9/S8

4		LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence of STATE	e before admission)				
	Ŭ	MONTGOMERY MARYLAND	MARYLAND 6. COUNTY MONTE.	OMERY				
	15	C TY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive pearest town)				
		SILVER SPRING	SILVER SPRING	1166-				
	c	NAME OF HOSPITAL (If not in hospital give street address) OR NSTITUTION	d. STREET ADDRESS 8110 New Hampshire	AVE & IS RESIDENCE				
		FAIRLAND NURSING HOME	PANKUAND, BAND	YES NO P				
	3, 1	NAME OF First Middle	Lost 4. DATE Month	Day Year				
		Type or print) FRANCES UI		16 1981				
	SS		1 1 1 1 1	YEAR IF UNDER 24 HRS Days Hours Min.				
Ц	-	FRALE W WIDOWED DIVORCED	NOV. 1897 036/17 vs	Days Hours Min.				
	10a	USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
		SALESWEMAN -	MUSSIA	16. 4. C.				
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,				
	4	SCLOMON KRASNER	HANNAH EISENBERG	<u>- </u>				
	1S (Yes	. no or upinown) (If yes, give wor or dates of service)	NPOKMANI Address					
		NO 177-36-2724	TANLEY K. ULRICH -8110.	NEWHAMPSHIRE				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and [c].]	/	INTERVAL BETWEEN A				
		PART I DEATH WAS CAUSED BY:	(Amala)	GMOS				
		1 5 R . DUE TO						
		Conditions, if any, which T (b)						
		gave rise to immediate (cause (a), stating the under (DUE TO						
		lying cause last. (c)						
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?				
	2			YES NO				
	CERTIF	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH	D (Enter nature of injury in Part or Part II of item 18)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	to.	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg, etc.)	ounty) (Stale)				
	MEC	p m, 19 While Not while all work at work	1					
		21. I certify that I attended the deceased from	, 1960, ta 5/15, 196/, that I la	it saw the deceased				
		alive on 1961, and that death	accurred at & A.M. from the causes and on the	date stated above.				
		C+3/11/20/11/11	BENNETTESSAStreROBIN town stote)	DATE SIGNED				
П		ACTUAL SIGNATURE STATE S	M.D. 317 UNIV. BLVD. FAST					
		PHYSICIAN'S	SILVER SPRING, MD.					
		NAME (Typo)						
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(State)				
	12	REMOVAL (Specify) 5/18/61 BETH DAV	1) CEMETERY ElMONT-L.I,	N. Y.				
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIG					
	1	BERNARD DANZAUSKY-LONS 3501-	145TNW DAMAY 18'61 William S. A.	and the same				
-								



BALTIMORE 1. MARYLAND EXAMINER'S LUM D Firm wood USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission 1. PLACE OF DEATH is necessary, I director, Page or your files. B. COUNTY & Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outs of c. LENGTH OF STAY IN 15 c. CITY OR TOWN [If outside corporate | m ts, write RURAL and give nearest town) corporate limits. wats RURAL and give nearest town oard of NSTITUTION (if not in hosp'tel, give street address) d. NAME OF HOSPITAL OR IS RESIDENCE ON A FARM? refained ‡8‡ to the funer death. 3. NAME OF DECEASED OF ŧĥe (Type or print) DEATH 1961 B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. NEVER MARRIED [Months | Deys | and WIDOWED X DIVORCED [24 hours after 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working hits leven if refired: Pages . within PM3. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Give FIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? e along with for (Yas, no or Inkown) (Ifyasgive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause pe INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office OVal, DUE TO geve rise to immediate cause m DUE TO (a), steting the undarlying 00 Examiner pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO K Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Part II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 2De, PLACE OF INJURY (Home, ferm, 20f. (C'ty or town) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED (County) (State) Month, Day, Year factory, street, office bldg., etc.) ge ge While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry X, and in my opinion 20 Undetermined manner death resulted from: Natural causes Accident Suicide Homicide | forwarde L DIREC CHIEF MEDICAL EXAMINER 計 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Ehauld be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) DEPU 22a, BURIAL, CREMATION ! 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) ,± REMOVAL (Specify) 40 Suitland. Cedar Hill Crematory Cremation Maryland 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Bethesda, Maryland Pumphrev 5M 7/59 Drelly & Three

MARYLAND STATE DEPARTMENT OF HEALTH



cian and completely. The in by the funeral ove carbon papers. Pages I and 2 should eyen? within 72 hours after death. n 24 hours after TO HOSP.

OR ATTENDING PHYSICIAN: The law Equires that the gentil connected to adeath. P. 4 may be retained by the hospital or altending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou VR A15 (4) 15M 9/60

1. PLJ Mon

3. NA (Ty 5. SEX Mal 10a. l dona 13. FA

CERTIFICATION 20 OF (IF

MEDICAL 20

	MAR	YLAND STATE DE	PARTMENT OF HE	ALTH	
DIVISION	OF STATISTICAL RESE		, 301 W. PRESTON STI	REET, BALTIMORE	1, MARYLAND
	5000	CERTIFICAT	E OF DEATH		LEON
1. PLACE OF DEAT	H-0000		2. USUAL RESIDENCE (WH	here deceased lived, If institu	Illon: Residence perore admission)
Montgomery			a. STATE	b. COUNTY	
	(if outside corporate limits,	maryland	Maryland c. CITY OR TOWN (If outs'd	Montgon	
write RURAL an	d give neasest town)		c. CITT OK TO WIN (IS OUTS O	a corporata ilmits, write kon	Ar and give resease town)
Bethesda (H	•	17 days	Wheaton		- 1
	ITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
U. S. Naval	L Hospital		11967 Andrew	Street	YES NO
3. NAME OF DECEASED	f rst	M ddla	Last 4, DJ		Day Year
(Type or print)	Marin	Pierre		EATH May	21 19 61
5. SEX	6. COLOR OR RACE 7. MARR	IED THE NEVER MARRIED TO B	DATE OF BIRTH	9. AGE (In years IFU	
Male	. Caucasian WDOW		7-20-92	last birthday) Mor	nths Days Hours Min.
10a. USJAL OCCUPAT	TION (Give kind of work 10b.	KIND OF BUS NESS OR INDUSTR		ate, or foreign country)	2. CIT ZEN OF WHAT COUNTRY?
Clerical	orking life, evan il retired)	(ata)	Theorem		RICIA
13. FATHER'S NAME	Į.	otel	Tance 14. MOTHER'S MAIDEN NAME		USA
Deadwee III	ENVERNM		C	^	
_Desiree VI 15. Was deceased ev	VER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 1 17	Zenaide BONTOU	Address	-
(Yes, no, or unkown)] (If yes give war or dates of service)				O+ ND 111-DO
No Cause of	DEATH [Enter only one cause per		Rene N. Vincen	t, 2/02 Toth	St., NE, WashDC
	TH WAS CAUSED ON				ONSET AND DEATH
	IMMEDIATE CAUSE (a) Arte	riosclerosis, g	generalized		years
1:50.	() DUE TO				
Conditions, if an	(-)				
gave risa to immad	PIETO				
cause lest.	J (c)				
PART II. OTHE		NTR BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D S	EASE CONDITION GIVEN I	
NTA NT					PERFORMED?
	AS UNDERLY NG 1 20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter nature of injury 'n Part I or	Part II of tem 18)	, 2
	CAUSE OF DEATH				
Z 20c. TIME OF INJU		INITIRY OCCUPRED 200 P. A	CE OF INJURY (Home, farm, 20f.	(City or town)	(County) (State)
Hour a.m.	Whi	leNot While fact	ory, street, office bldg., etc.)	. (01) 0. 10111)	(0.20)
	19 at w		1		
	that 🕮 (this hospital) afte	,	C. OTDAK	, to May 21	., 19. 61 , that (I) (we) last
saw the decea	sed alive on May 21	19 9.1 , and that	death occured at	from the causes and	on the date stated above
22a. SIGNATORE	- L L -				22b. DATE

21 5à 22 5-22-61 SIGNED MED. DIRECTOR STAFF PHYS. D. Muth. 22d. ADDRESS

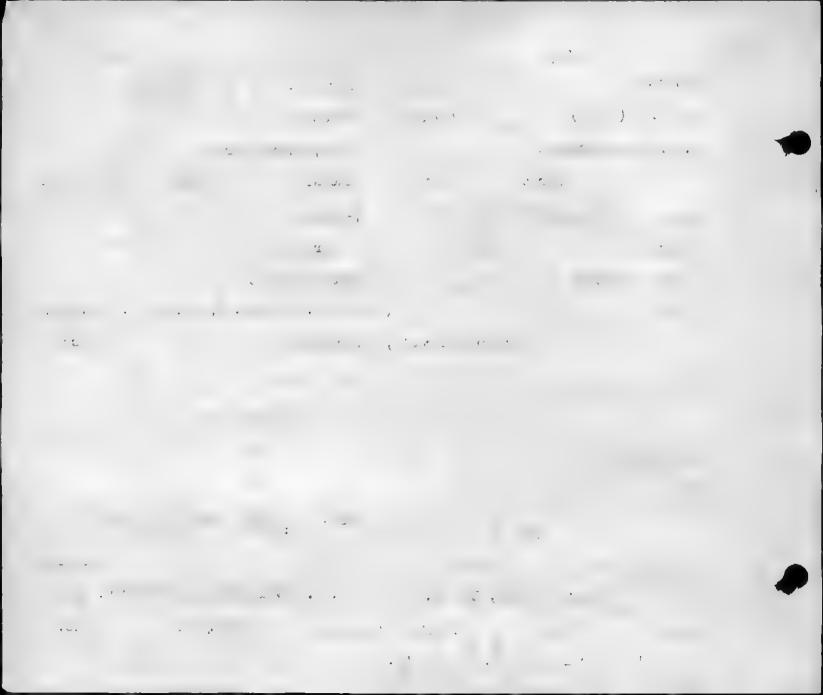
22c. PHYS.C AN'S NAME (Type) Robert G. MUTH, LT, MC, USN

S. Naval Hospital, Bethesda, Md.

23a. BURIAL, CREMATION	236. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, lown or county)	(State
REMOVAL (Specify) Burial	5-24-61	Mt. Olivet Cemetery_	Washington	D?C.

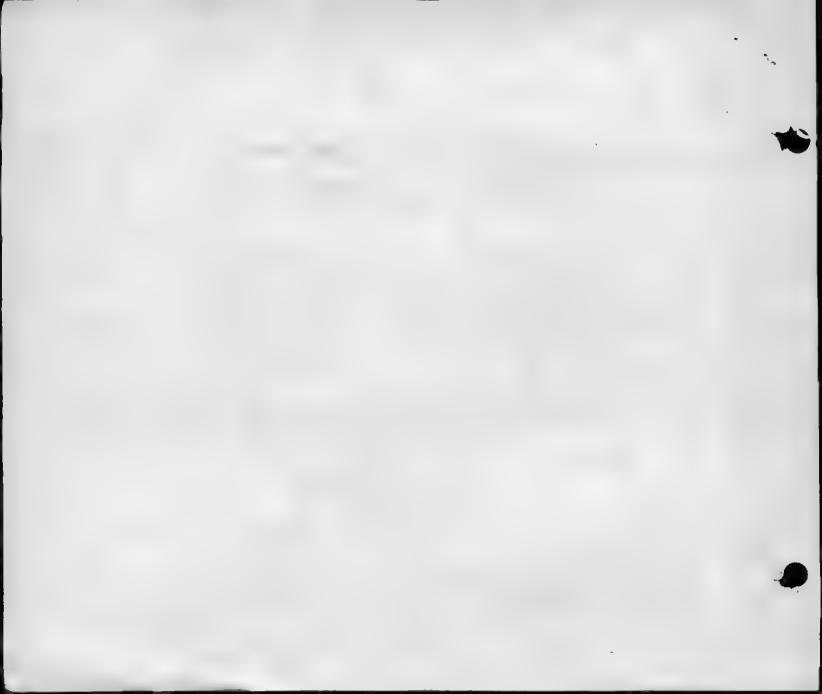
Nalley's Funeral Home, Mt. Ranier, Md.

25a, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 5 Children S. Kraus



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY fries. Health, Page a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give represt town) MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director for your menela HOSPITAL OR INSTITUTION (f not In hospital, give street process) d STREET ADDRESS Boar a. IS RESIDENCE ON A FARM? be retained YES NO State 18 Redwood NAME OF Middla 4. DATE DECEASED 3 to the OF the (Type or print) DEATH 9. AGE (In yours IF UNDER 1 YEAR, IF UNDER 24 HRS With B. DATE OF BIRTH 436 5 may and 2 with 7. MARRIED W NEVER MARRIED Months | Days WIDO WED DIVORCED 24 n.ve Pages 1, 2, PM3. Page 5 On. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within 14. MOTHER'S MAIDEN NAME in from 18, Give Fle event form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yas a ve war or dates of service) office along with None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) cent ficate should be DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause ro. Examiner's DUE TO (a), sletting the underlying SE 占 used : cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 200 cremati the word Medical NO No should t 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] sase execute the certificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or lown) (County) (Stata) factory, street, office bldg , etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 😾 Inquiry 📈 and in my opinion death resulted from: Natural causes Accident [Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EKAMINER'S DEPL NAME 'Type] OSCHENT Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 72b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Slete) REMOVAL (Specify) 240 p Burial Parklawn Rockville. JH. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Bethesde, Maryland DATEUN 2 5M 9,60 Calling S. Henris

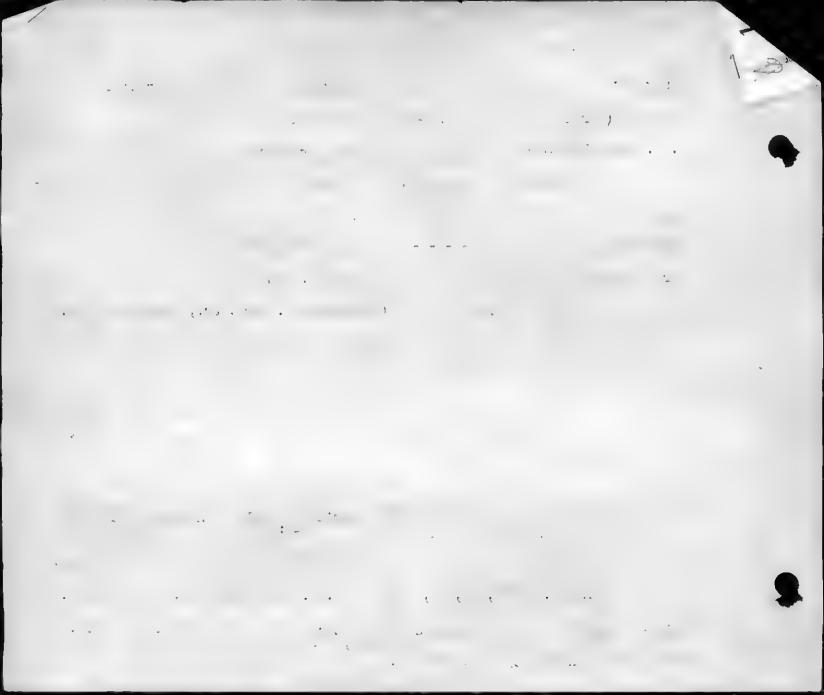
MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	234					
1. PLACE OF DEATH				NCE (Where deceased		Residence balore admission)
a COUNTY Montgomerss		MARYLAND	a, STATE		b. COUNTY	-1
Montgomery b. city or town (if outside	de coronrata I m tr	c LENGTH OF STAY IN 16	Maryland	(If outside corporate i	Ann Arund	
write RURAL and give n	nearest lown)	· · · · · · · · · · · · · · · · · · ·	C. CITT OK TOTAL	th opinos corporate	mining without Konylle V	1
Bethesda (Ru	ral)	35 days	Annapoli	8		1 1.4 -
d. NAME OF HOSPITAL OR	INSTITUTION (if not in he	osp.ta, g va straat address)	d. STREET ADDRES			. IS RESIDENCE
II C Warral 1	Joanstol 1		1.00.0.3			ON A FARM?
U. S. Naval I	_		407 3rd	Street	4441	L L
3. NAME OF DECEASED	First	Midd e	Last	4. DATE OF	Month	Day Year
(Type or print)	Hannah	Catherine	WERT	DEATH	May	19 19 61
5. SEX 6. CO	DLOR OR RACE, 7 MADDI		DATE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR IF UNDER 24 HRS.
77			- (00	1 0	birthday) Months	Days Hours Min.
	ucasian widow	481	5-6-80	83		
10e. JouAt OCCUPATION (G	ive kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE Co	unty & State, or foreign	n country) 12. Cl	TIZEN OF WHAT COUNTRY?
Housewife	ie, aren ii ia nauj		Penns	ylvania	1	ISA
13. FATHER'S NAME			14. MOTHER'S MAIDE			, MA
Christ RONK			Mary E. D	ULL		_
15. WAS DECEASED EVER IN	S ARMED FORCES? 16	. SOCIAL SECUR TY NO. 17. 1	NFORMANT		Address	
(Yas, no, or unkown) (Ifyasgra		ione (S	A colored (Mont To	5000 05	40 aharra
	I [Entar only one cause per) charten H	. Wert, Jr.	, same as	#2 &bove
PART I, DEATH WAS	/1	./ ^	and the same of			ONSET-AND BEATH
	TATE CAUSE (a)	Mire am	16 erne	_		4XILder
	DUE TO . 2		120 11	, , , ,		
Continued a South	100	Tilina lent	- Residence	Alline	-	1=1.
Conditions, if any, whi	199	NELLA RELICIONA		4 Alexander	-	for affected
(a), stating the underlyi	DUE TO					1
cause last.						· ·
Z PART II, OTHER SIGN	F, CANT CONDITIONS CO	NTRIBUT NG TO DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE COND	ITION GIVEN IN PA	RT 1,0) 19. WAS AUTOPSY
PART II, OTHER SIGN. 20. ACCIDENT WAS UN OR CONTRIBUTING II CA	11/1/1	7,			1	PERFORMED?
151.	the contract	really proces	n row	7	Market +	YES X NO
OR CONTRIBUTING CA	DEKLYING 17, 206. DE	SCRIBE HOW NURY OCCURED	, (Entar nature of injury)	in Part I or Part I of te	m 18.)	
U (IF EITHER, NOTIFY MEDIC	CAL EXAMINER					
\$ 20c. TIME OF INJURY	Month, Day, Yeer 20d	, INJURY OCCURRED 20s. PLA	CE OF INJURY (Homa, fe	arm. 20f. (City or to	wn) (Co	ounty) (State)
Hour e.m.	Whi		ory, streat, office bldg., a		, , , , , , , , , , , , , , , , , , , ,	
Hour e.m.	19 al wo	ork at work				
21. I certify that 0	(this hospital) after	nded the deceased from.	April 14	19.61 to . 1	lay 19 19	01, that (X) (we) las
saw the deceased a			death occured at.	:35AM		the date stated above
	IVe on Area		death occured at.		Canzes Bild Oil	22b. DATE
22a, SIGNATURE	1 8		ATTENDING		AFF	SIGNED
1 - 7"	· // (, v,	1 M	.D. PHYS.	DIRECTOR PH	YS. K	5-19-61 _
22c. PHYSICIAN S			22d. ADDRESS			
NAME (Type) Jan	aes M. YOUNG	LT, MC, USN	U.S. Na	aval Hospit	tal. Bethe	sda. Md.
DID AT COMMATICAL	225 DATE THEREOF	, 23c. NAME OF CEMETERY			(City, town or cour	the state of the s
23a. BUR AL, CREMATION, 2 REMOVAL (Spacify)	IOU. DATE INCREOF	ASC. TOME OF CLMETER	OK CKLIMATOR!			- (0.0.0)
Burial-Shipmer	it	Maple Grove			thville_	Pa.
24 FUNDRAL DIPLETONS SET	PLATURE / /	ADDRESSATing	ton, Va. 250. 1	REC'D BY REGISTRAR	25b. REG STRAR'S	SIGNATURE
Myrest Finder	UT	Columbia Pike,	DATE	MAY 23 '61	Clothen	S. Thomas
Marhita Langian	- HOME 1 3084	Corming Live	PAIL			



Pages etely carbon and гетоуе please ding has been signe e burial-transit rysician: hospital or a certificate ha 98 B\$7 retained by IOR: After t DIRECTOR: death, Pi to FUNER director, pe be filed wi (4

and the Mort

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	539	2		CERTIFI	CAT	E OF DEAT	Н		(1587	11
1.	PLACE OF DEATH O. COUNTY MOTTEROR	ery		MARYL		2. USUAL RESIDENCE (Where deceoses	d lived. If institution b, COUNTY	Prince		
	Betheso	f autside carporate li eorest town) la	1	ead on Art	178]	c CITY OR TOWN (If outside corpo	rate I mits, write R	URAL and give	nearest town	n)
	d. NAME OF HOSP TO OR INSTITUTION The Cli	AL (If not in hospita ,	•	dress)		d STREET ADDRESS Box 1	12	1	1		FARM?
3.	NAME OF		First	Middle		Losi	4. DATE OF DEATH	Man M.		,	Year
5.	(Type or print) SEX	16 COLOR OR RAC	rank	Levy	F 8	White DATE OF BIRTH	DEATH	9 AGE (In years	IF UNDER 1 YE		19 61 ER 24 HRS
	Male	White	WIDOWED			November 5	1899	last birthday)	Months Day		Min
100	JSUAL OCCUPATION		k dane 10b Ki	IND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (SE	ate ar foreign o	ountry)	12 CITIZEN		OUNTRY?
	Insurance	A . A.	•	Insurance		Maryl				USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
15	Lee White	R IN U. S. ARMED FO	ORCES? 16. SC	OCIAL SECURITY NO	17 INF	Nettie DRMANT The		Recordidde	ress		-
(Ya	No or unknown,	(If yes, give war or dates a	Promite:	vailable	The	Clinical				rylar	nd
		ATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1 ny, which ammediate Due 1	(b) Ch:	for (e), (b), and (c)] ronic Lympl	10cy	tic leukemi	.a		Ó	NTERVAL BE	DEATH
FICAT.ON						OT RELATED TO THE TEL			EN IN PART I(c	PERFC	AUTOPSY DRMED?
L CERTIF	(IF EITHER, NOTIFY	AS JINDERLYING AS CAUSE OF DEAT MEDICAL EXAMINER)			(Enter nature of injury					
MEDICAL	Hour o.m. p.m.	tY `Month, Day, `	While at wark	Nat while	facto	CE OF INJURY (Hame, formy, street, office bldg ,	etc.)		(Covn		(Stote)
	saw the decea		al) attende	d the deceased f	ram hat de	May 15, oth occurred at 2		May 15, The causes an		ate stated	abave.
	220 SIGNATURE	Reset	back		M		MED DIRECTOR	STAFF PHYS	5/15/6		SIGNED
	22c. PHYSICIAN'S NAME (Type)	R. Riesel	lbach	M.D.		Institut	he Clines of H	ealth, B	ter, Nat	tional	ido
	BURIAL, CREMATIC REMOVAL Specify	may 17	7-41	230 NAME OF CEMET	ERY OR	Runch	Let	NON ICHY, town,	In	(S10	te)
24	Semme	'S SIGNATUR!	16	6/ gd Ha	pe f	DATE!	EC'D BY REGIS		STRAR'S SIGNA		
				wast 2	ما		5 # E				

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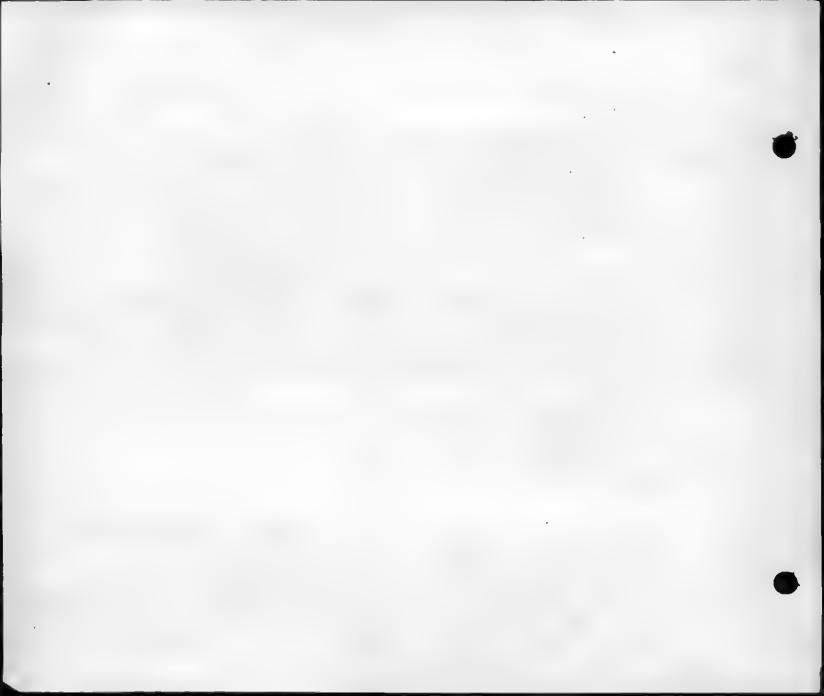
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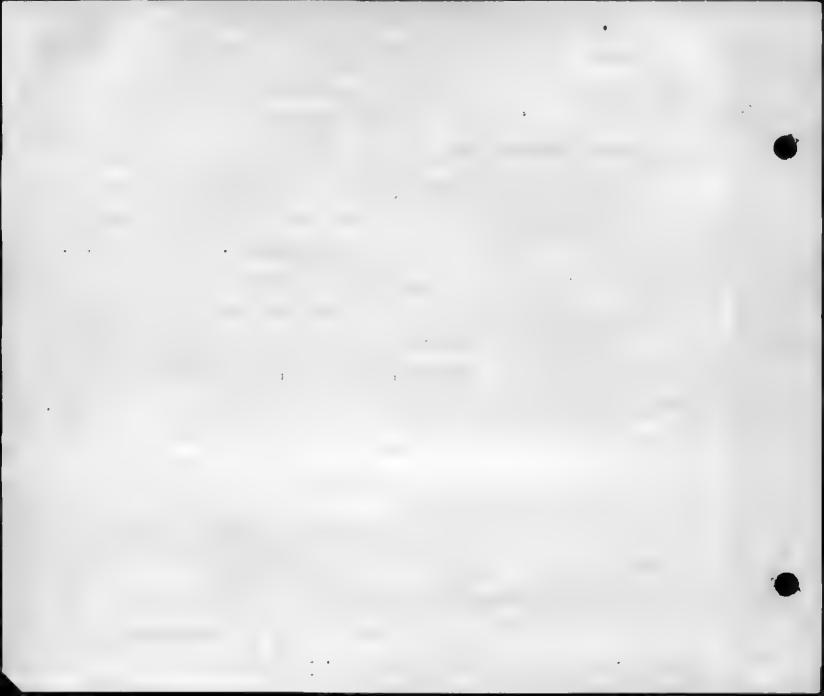
MARYLAND STATE DEPARTMENT OF HEALTH

RYLAND

DIVISION OF S	TATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE 1, MA
	CER	RTIFICATI	E OF DEA	ATH

CERTIFICATE OF DEATH	U588ii
1. PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Vyhere deceased lived. If institution of STATE b. COUNTY b. COUNTY	on Residence before admission) NUNTGOMERY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARIX C LENGTH OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RIVAL ARIX	/
d. NAME OF HOSPITAL (If not in haspital, give street address) OR HISTITUTION 1815 GREENWOOD AVE OR HISTITUTION 1815 GREENWOOD AVE	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) EDNA FLOSSIE WILLARD DEATH MAY	1 2, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED JULY 27, 1888 9. AGE (In years) lost birthdoy) 72 yrs	Months Days Hours Min.
100 USJAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or fareign country) However the Working He, even if retired) Lun Home Morgantown, W. Va.	12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME () LAQUELLEN 14. MOTHER'S MAIDEN NAME MARY E. LEMON	
15 WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no or unknown) (If yes, give wor or dates of service) NOME EXORGIA M. WILLARD, 7813	S GREEN WOOD AVE
18. CAUSE OF DEATH [Enter only one couse per line for (a) th), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Submirror MARCHAE Submirror	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) anterior after Heart Disse	ease 20 un lot
gove rise to immediate couse (a), stating the under lying couse lost. (b) (b) (b) (c)	
PANT II OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO 2
20a ACC DENT WAS UNDERLYING D 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18) CR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. While Not while at wark of work of work	(County) (State)
	2, 19.6/. that (1) (we) lost
saw the deceased alive on Afficial 19.6/, and that death accurred at AM, from the causes an 22° SIGNATURE ATTENDING PHYS. ATTENDING PHYS.	22b DATE SIGNED
22c PHYSICIANT RALPH F. PATTEN 4.0 8641- Colesvelle	c Road Selver Fry
230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, BREMOVAL (SIGNEY) MAY 5, 1961 FLETCHER M. E. LEMETERY MORGANTON	or county) (store) Tyles
ANAUN MAY DE STATE OF THE STATE	STRAR'S SIGNATURE





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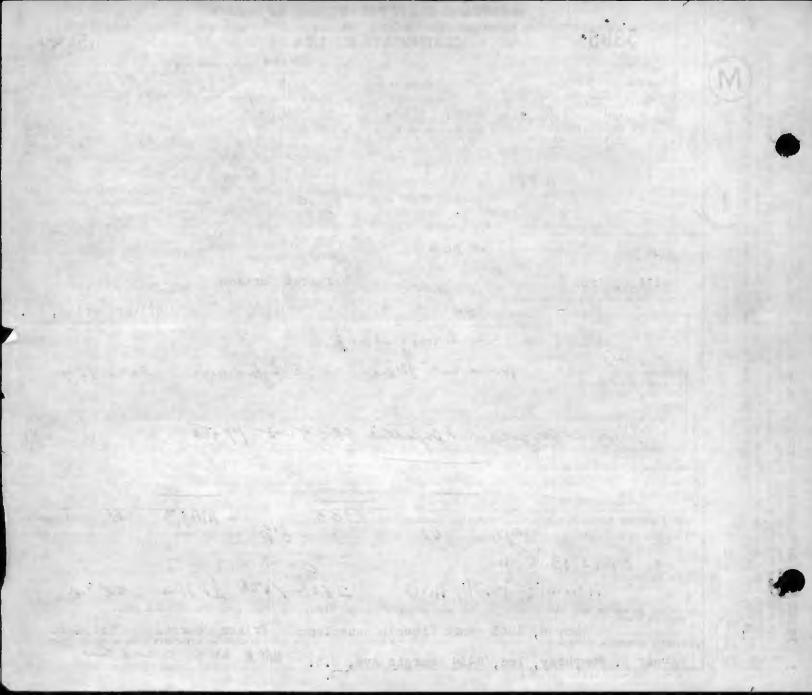
certificate

may be retained by the DIRECTOR: After this

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5896	ERTIFICATE	OF DEATH	05883
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE. (Where deces	sad liyad, If Institution: Rasidanca before admission
montgomerus	MARYLAND	o. STATE TIST AND	D. COUNTY
b. CITY OR TOWN (if outstile corporate limits, c. Li	ENGTH OF STAY, IN 16	c. CITY OR TOWN (If outline corporate	a limits, write RURAL and give nearest town)
write RURAL and give nearest town)	X /2 /200	11/2 4/	Land 47V
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	nive streat address)	d. STREET ADDRESS	•. IS RESIDENCE
		1301-11-11	1/3 - S/ 7/11 YES NOW
3. NAME OF First	1 Middle	Lost V4. DATE	Month Day Year
(Type or print)	1-1-11	Le GOF DEATE	M-3 - 11
111010010	121162 11	3 1 67 // 1	GE (In years UNDER I YEAR IF UNDER 24 HRS.
	MEVER MARRIED B.	la la	st birthde Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND O	DIVORCED	110/19/12 4	7 100
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fore	12. CITIZEN OF WHAT COUNTRY
Clerical Wid.	CEBUT.	youth la	0/11/2 16.0.17.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
pilus Mugh	1	about Tal	mer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (4. SOCIA (Yes, ho, or unkown) (Ifyasgivawarordatasofservice)	AL SECURITY NO. 17. IN	IFORMANT	Address (Janey
-1/25 World Warm -	20%	5. Elisabeth II	10/122L - 5/5/Er
8. CAUSE OF DEATH Enter only one cause per line for	(a), (b), and (c).]	7 111	INTERVAL BETWEEN ONSET/AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	Spiratory	- HILLURE	4 Hours
DUE TO	1 1 11	1.	10 11.000
Conditions, if any, which \ (b) (cre)	phat He	morrhoge	1.2 Hours
gava rise to immediate cause	11 12	1 2	ul m. U
(a), stating the underlying Succession (c)	Tiple Mye	Homm	14 MMTh.
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE COL	NOITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
I MEMIN			PERFORMED? YES NO D
E 20a. ACCIDENT WAS UNDERLYING ☐ 1 20b. DESCRIBE	HOW INJURY OCCURED.	(Enter natura of injury in Pert I or Part II of	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING 20405 05 DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)			
	Y OCCURRED 20a, PLAC	E OF INJURY (Homa, farm, : 20f. (City or	town) (County) (Stata)
Hour a.m. Whileh	Not Whila fector	ry, streat, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	at work	Varamber 166 H	Tay in a fel and a
21. I certify that (I) (this hospital) attended to			10 / 17 19 (4), that (1) (1)
saw the deceased slive on	19, and that	death occured at Z. AM, from the	
22a. SIGNATURE			STAFF 22b. DATE
fact Coull	M.D		PHYS. [// 1/ 1/ 1/4/ 1/ 1/4/ 1/
22c. PHYSICIAN'S NAME (TYPE) - JACK C'RGWE.	-//	2025 EYE ST	, N.W Wash, D.C.
	NAME OF CEMETERY O	R CREMATORY 23d. LOCATH	ON (City, town or county) (State)
REMOVAL (Spacify) may 22 1961 U	rlington n	ational Fort	meyer Va
24 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRA	
Marien Tulmeril Home 289	RI. G.C. n.1	A DATE MAY 1 9 '6	1 arthur S. Flours

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